# An exploration of female journalists' experiences of covering potentially traumatic news stories. An IPA study.

Thesis submitted to London Metropolitan University in partial fulfillment of the requirements for the Professional Doctorate in Counselling Psychology

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# Acknowledgements

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# Glossary of terms

**APA** American Psychiatric Association

**BDI-II** Beck Depression Inventory-II, a 21-item, multiple-choice self-report inventory, widely used to measure the severity of depression. Created and updated by Beck in 1996.

**BABCP** British Association for Behavioral and Cognitive Psychotherapies

**BBC** British Broadcasting Corporation, a UK-based public service broadcaster

**BPS** British Psychological Society

**CNN** Cable News Network, a US-based cable and satellite broadcast television network

**CBS** Colombia Broadcasting System, a US-based commercial broadcast television network

**CoP** Counselling Psychology/ Counselling Psychologist

**CoPs** Counselling Psychologists

**DSM** the American Psychiatric Association's Diagnostic and Statistical Manual of mental disorders

**EMDR** Eye Movement Desensitisation and Reprocessing, a psychotherapy developed by Francine Shapiro in the late 1980s, used to alleviate PTSD symptoms.

**FPA** Foreign Press Association, a UK based organisation that accredits and represents international media

**GAD-7** Generalised Anxiety Disorder, a 7-item self-reported questionnaire for screening and severity measuring of Generalised Anxiety Disorder.

**GHQ-28** General Health Questionnaire, a 28-item measure of emotional distress designed as a screening tool to detect those likely to have, or be at risk of developing psychiatric disorders. Developed by Goldberg in 1978.

**IES-R** Impact of Events Scale–Revised, a 22-item self-report measure that assesses subjective distress following traumatic events. Not used as a diagnosis of PTSD, but as a preliminary indicator of trauma responses.

**INSI** International News Safety Institute, a UK-based not-for-profit organisation that promotes the safety of journalists by providing practical information, resources and training.

**ITV** Independent Television, a UK-based commercial broadcast television network

**NICE** National Institute for Health and Care Excellence, UK based.

**PHQ-9** Patient Health Questionnaire, a 9-item self-report multiple-choice inventory that is used as a screening and diagnostic tool for depression, based on the DSM-IV.

**PCL** Post Traumatic Stress Disorder Checklist, a 17-item self report scale, based closely on DSM-IV PTSD diagnostic criteria

**PCL-C** Post Traumatic Checklist-Civilian, as above, a 'civilian' version of the PCL (as opposed to military) where the questions refer to a generic 'stressful experience from the past'

**PTG** Post Traumatic Growth, coined by Tedeschi & Calhoun (2004) to describe positive change that occurs as a result of a highly challenging life crisis.

**PTSD** Post Traumatic Stress Disorder, a trauma-related disorder caused by very stressful, frightening or distressing events.

**THQ** Trauma History Questionnaire, a 24-item self-report measure that examines experiences with potentially traumatic events. Developed by Green, 1996.

# Disclaimer

In accordance with BPS ethical guidelines all of the participants' names have been changed and pseudonyms used to maintain confidentiality. Furthermore, the organisations they work or worked for, along with the names of their colleagues, family, friends and partners have been removed to ensure anonymity. The geographical locations of the news stories they have covered and the events of the stories have not, however, been altered in any way. After discussion with my supervisor it was agreed that changing these details to preserve confidentiality could de-contextualise their experiences, potentially altering the meaning of the interviews and ultimately negatively impacting the outcome of the research.

# Abstract

War-reporting journalists have a higher prevalence of Post Traumatic Stress Disorder (PTSD) than the general population (Feinstein, Owen & Blair, 2002), however, no psychopathological gender differences have been identified (Sinyor & Feinstein, 2012). This is in stark contrast to evidence from the general population, which indicates women experience double the rate of PTSD than men (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995). This study qualitatively analysed female journalists' experiences of covering potentially traumatic news stories, with a view to exploring the lived experience behind the statistics. Interviews with four UK-based journalists, with extensive experience of covering potentially traumatic news stories, were analysed using Interpretative Phenomenological Analysis (IPA). Three superordinate themes were identified; psychological responses to covering traumatic news stories, perception of support related to traumatic coverage and attitudes towards counselling. None of the participants' psychometric screening surveys indicated significant post-traumatic stress responses, yet all qualitatively reported multiple symptoms, indicating a tendency to under-report and a lack of psychological mindedness. Conversely, post-traumatic growth (PTG) was evident indicating that perceived rewards mitigated adverse psychological outcomes. Support from management and colleagues were largely perceived as practical rather than emotional by the participants, if at all, with indications of a macho work culture which did not support motherhood but propagated inter-journalist romance. Dissatisfaction, ambivalence and misconceptions related to counselling emerged, alongside a preference for a non-stigmatised professional encounter, such as debriefing, indicating a need for psycho-education and specialised training for both media professionals and mental health practitioners.

# Reflexive Statement

## *Reflexivity in Counselling Psychology*

Counselling Psychology (CoP) incorporates the reflective-practitioner and scientist-practitioner paradigms (Strawbridge & Woolfe, 2010) recognising 'inevitable subjectivity' (Kasket, 2013 p. 7). Reflexivity and transparency offer empirical rigour and validity to research (Etherington, 2004). In CoP, this is manifested in the visibility of the researcher (Kasket & Gil-Rodriguez, 2011), which situates context and acknowledges that the researcher and the researched have agency (Etherington, 2004) creating an inter-subjective relationship (Kasket, 2013, p. 12). Reflexivity runs throughout the research and is evident in the use of the first person at times. Personal beliefs and assumptions can influence the research process; therefore the following reflective questions were answered prior to data collection, making my position as the researcher transparent. It is hoped the reader will hold this in mind as they encounter the research.

## *Personal Reflexivity*

## *What were my presuppositions?*

As a former female journalist, I believed all news journalists encountered traumatic situations. I felt the impact of this was not adequately recognised by management or colleagues. For me, no time was allocated to recover from challenging assignments because there was always another story. This was not the case for some of my peers who worked for different organisations; some were transferred to 'softer' roles, others were offered counselling or encouraged to take time off. They dismissed such precautions, expressing frustration at not working on more 'meaty' assignments. This led me to assume that journalists consider themselves immune from the impact of stories, like impartial observers.

I suspected this topic was under-researched because I could not imagine newsgathering organisations funding research, which might highlight practices needed to change, at

their expense. Had such research been conducted I envisaged it would show that media mental health was becoming a pressing issue due to the propensity to send junior, inexperienced journalists on dangerous assignments, competitive 24-hour news channels requiring live reports and compelling footage, ratings-boosting reporter involvement and the popularity of independent and citizen journalists who blog from hostile environments (Baker, 2009).

### *Why did I choose this topic?*

It has personal and professional relevance for me; I used to be a news producer for the largest commercial Japanese TV channel, Fuji TV (ITV equivalent) for 6 years. I was based in London, covering Europe, Middle East and Africa. I covered wars, uprisings, terrorism, riots, accidents with multiple deaths and natural disasters. I spent extended periods of time in Israel and the Palestinian territories and embedded reporters in Iraq and Afghanistan. Domestically, I covered murder, kidnapping, violence and terrorism. Retrospectively, I have wondered whether this may have had a psychological impact on me. Did I display signs of PTSD? My behaviour may have changed, exemplified by alcohol use and flying anxiety. I witnessed peers' risky behaviour i.e. excess alcohol consumption, substance use, promiscuity, dangerous driving and a cavalier approach to life. Some were reassigned from conflict zones, in one case, directly to a psychiatric hospital. The complexities of these reactions intrigued me; as a journalist I never heard 'PTSD' used in relation to journalists. I was curious whether the mental health of news journalists had been neglected or whether they formed a resilient prototype.

### *What results did I anticipate?*

I suspected I would discover journalists with similar experiences to mine. I hoped the participants would be representative; however, I worried that my recruitment criteria of a six-month 'no trauma exposure' buffer might limit who could take part. This concern was magnified by a busy news agenda during recruitment: including the Japan Earthquake, the Arab Spring and the London Riots. I wondered if those eligible might have extenuating circumstances such as poor health or seniority that made them unrepresentative. I expected curiosity from journalists because this may have resonated with their experiences; however, I also anticipated defensiveness because they may

have feared undermining their competitive edge. I hoped to gain insight into journalists' experiences, although I knew it would not be possible to generalise using a qualitative methodology. I hoped the findings could be shared with journalists and their employers to improve working conditions and provide better access to psychological services. I also hoped to share my knowledge about journalists with the therapeutic community, in order for practitioners to provide best care.

### *How might my preconceptions have affected the process?*

My preconceptions could have interfered from the participants I selected, to the quotes I chose. It was not possible to extricate myself entirely, if a participant talked about something that resonated with me, I may have pursued questions reflecting that due to the semi-structured interview schedule. This would have been misguided, yet conceivable, highlighting the essential nature of reflexivity that has permitted me to acknowledge what I have brought to the process.

### *What about my ontology and epistemology?*

My beliefs about the nature of reality and how knowledge is generated inevitably dictated what I was able to discover and how. I first encountered philosophy on my undergraduate degree in French and History twenty years ago. I had grown up in a Christian household where belief in God as Creator was cherished, thus existentialist encounters with Jean-Paul Sartre did not sit comfortably with my worldview. As a history student, I learnt to consider evidence from multiple sources in relation to past events, questioning the notion of 'facts'. This critical skill became the backbone of my career as a journalist, always seeking multiple perspectives. It gelled with my belief that a reality existed, albeit one that was never wholly accessible due to the subjective nature of experiencing it; this outlook can be described as Critical Realist (Bhaskar, 2008; Lyons & Coyle, 2007). Further, as a journalist and linguist I was acutely aware of the power of words and how they are used to construct the versions of reality we inhabit. However, I believe that humanity cannot be reduced to a series of words, instead we are relational beings, replete with mystery, hence my epistemology is *light* social constructionist (Eatough & Smith, 2008), leaning towards contextual constructionism

(Lyons & Coyle, 2007) in recognition that our perceptions and experiences are shaped by the context of who we meet, what we do, where and when.

### *How did I manage my position?*

I kept a reflexive diary and wrote reflexive statements before and after the literature review, before deciding on a research question and before data collection. Personal therapy provided a supportive environment where my beliefs and behaviour could be challenged. Supervision provided checks and balances because my supervisor took an objective view; therefore a non-defensive attitude to feedback was vital.   Peer supervision reduced isolation and exposure to my cohort kept my experiences in perspective. Most essential was stepping away from the research to 'have a life'. This required emotional support from family and friends, exercising, planning pleasurable activities, relaxing, practising good self-care such as eating well, sleeping enough and managing my time carefully. This enabled me to have the mental capacity to step back and ask myself why.

# Chapter One: Introduction

Journalists have been described as "immune to the reverberating impact of human suffering they witness" (Bolton, 2010, "Traumatic events encountered," para. 2). However, some research has contradicted this by indicating that war-reporters have 28.6% lifetime prevalence for PTSD, 21.4% major depression and 14.3% substance abuse (Feinstein et al., 2002). This is supported by journalists' accounts of working in hostile environments; Sky News Foreign News Reporter, Alex Crawford, has commented 'you can't see people with their heads blown off and not be traumatised' (Clark, 2014, p.18). Budding psychologist and former BBC Breakfast News Presenter, Sian Williams (2014, p.174), has suggested 'it feels self-indulgent' for journalists to acknowledge their own feelings, despite their existence. Rather than immunity, this may be a population largely under the clinical radar. Investigation is thus warranted regarding how covering potentially traumatic news stories psychologically impacts them. It is hoped this may lead to a rapprochement between media organisations and Counselling Psychologists (CoPs), and the wider psychotherapeutic community, ultimately resulting in improved psychological support for journalists.

## 1.1. Why focus on female journalists?

Journalists of both genders cover potentially traumatic news stories, however, this study focused on female journalists' experiences because research to date has evidenced a predominantly male or gender-neutral discourse, indicating this was an un-researched area. No statistically significant psychopathological gender differences have been identified amongst war reporters, suggesting that female journalists form a "highly select, resilient group" (Sinyor & Feinstein, 2012, p.29). This contrasts with meta-analytical findings from global epidemiological surveys which concluded that gender difference needs to be considered to 'inform research, guide treatment and necessitate social change' because women experience 20-40% more mental health difficulties than men (Freeman & Freeman, 2014, p. 86). Indeed, gender is usually considered a risk factor for developing PTSD, with females being at greater risk (Brewin, Andrews & Valentine, 2000; Tolin & Foa, 2008). One of the largest epidemiological studies to date, the American National Comorbidity Survey, reported 10.4% female PTSD prevalence

and 5% male (Kessler et al., 1995). However, within this lies a paradox, men tend to experience more traumatic life events, yet women are more than twice as likely to develop PTSD (Friedman, Keane & Resick, 2007), thought to be related to elevated perceptions of threat and stress (Olff, Langeland, Draijer & Gersons, 2007). This is exemplified by UK military research which demonstrated that female staff reported higher levels of traumatisation, even when exposed to less potentially traumatic events than their male colleagues (Woodhead, Wessely, Jones, Fear & Hatch, 2012); this indicates divergent gender responses to trauma amongst other high-risk professionals. Therefore, the lack of gender discrepancy amongst war reporting journalists makes female journalists interesting because they do not appear to conform to gender norms.

### 1.2. Women in journalism

The predominance of the male perspective or gender-neutral discourse in the research is reflected in the working composition of journalists: men dominate the industry (Reporters Without Borders (RWB), 2011a), comprising 74% of news journalists on UK national newspapers (Greenslade, 2011) and two-thirds of worldwide reporters (International Women's Media Foundation, 2012). In a sample month in 2012 men wrote 78% of front-page by-lines in UK national newspapers and 81% of lead stories (Martinson, Cochrane, Ryan, Corrigan & Bawdon, 2012). BBC World News Senior Presenter Lyse Doucet has claimed that female journalists are treated like a "third gender" in many hostile environments; neither like local women, nor western men but accorded a special status (2012, p. 151). This was echoed by a Swedish journalist who commented she tries "to be equal to, and better than, the boys" (Wolfe, 2011, "Attacks of all types," para. 2) indicating that not only do female journalists perceive they are treated differently to their male colleagues but that they take on male characteristics to succeed in the workplace.

There is, however, evidence that this does not protect them; the Committee to Protect Journalists (CPJ) interviewed 50 journalists, mainly female, who reported sexual violence (from multiple rapes to aggressive groping) in the course of their work. Most did not disclose their attacks to editors for fear they would be perceived as vulnerable and denied future assignments, highlighting a competitive culture of silence (Wolfe,

2011). Female journalists' vulnerability to sexual assault was dramatically illustrated by the attack on CBS Chief Foreign Affairs Correspondent, Lara Logan, in Tahir Square (Logan, 2012). Her openness about the experience was initially met with scepticism, with the insinuation that attractive blonde mothers were outside of their natural habitat in hostile environments and thus at greater risk (Trew, 2011). However, this was followed by a growing awareness about physical safety amongst female journalists, illustrated by the launch of the book *No Woman's Land,* which detailed the experiences of 30 female journalists with tips for how to survive in hostile environments (Storm & Williams, 2012). The timing was apt because journalists have been targets in the war on terror (Philp, 2008) and collateral damage in the Arab Spring (Walt, 2012), exemplified by the death of Sunday Times correspondent, Marie Colvin, in Syria, which made the physical danger faced by female correspondents headline news (Poole & Harper, 2012). The demands of a 24-hour news culture have resulted in more journalists being exposed to danger, more frequently (Witchel, 2005). In the last decade, 1000 journalists have been killed at work, with 109 in 2014 (INSI, 2015). In 2011, over a thousand journalists were arrested, 2000 attacked and 70 kidnapped (RWB, 2011b); illustrating this can be a high-risk, dangerous profession with potential adverse psychological impacts.

### 1.3. What is trauma?

This study explored female journalists' experiences of covering *potentially* traumatic news stories in recognition that life is subjectively experienced. What may be experienced as traumatic for one person may not be for someone else. However, certain experiences have been empirically identified as potentially traumatic and inform the type of incidents explored herein, including accidents, war, natural disasters, imprisonment, sexual and non-sexual assault (Foa, Cashman, Jaycox & Perry, 1997). Trauma has historically been represented by socio-cultural classifications. In the nineteenth century *railway spine* was the diagnosis given to the post-traumatic symptoms of passengers involved in railway accidents and *shell shock* described the reactions of some First World War soldiers (Joseph, Williams & Yule, 1997); *Rape Trauma Syndrome* related to 1970s women's rights campaigns and *Combat Stress Reaction* to the Vietnam War (Resick, 2001). It was not until 1980, perhaps fuelled by the prevailing political concerns post-Vietnam (Brewin, 2003), that the DSM-III (APA,

1980) first outlined PTSD diagnostic criteria. It focused on the character of events rather than their effect; stipulating a stressor was 'outside the range of normal human experience' (Brewin, 2003, p.6).

Since then, the conceptualisation of PTSD has shifted; the DSM-V re-classified PTSD and Acute Stress Disorder (ASD) to a new chapter of trauma and stressor-related disorders instead of anxiety disorders (APA, 2013). Currently, a clinical diagnosis requires exposure to a traumatic or stressful event; specifically actual or threatened death, serious injury or sexual violation either experienced directly, witnessed in person or through first-hand repeated or extreme contact with aversive details of the event (Table 1.1.). Generally two types of PTSD are recognised; Type I involves a sudden, unexpected, single traumatic event, Type II is usually the result of repeated exposure that may be predictable and expected, such as abuse (Terr, 1991). It has been observed that this is often associated with complex-PTSD and can be misdiagnosed as a personality disorder (Herman, 1992). It has also been suggested that a build-up of symptoms can accumulate over exposures leading to stress sensitivity and delayed onset (Andrews, Brewin, Stewart, Philpott & Hejdenberg, 2009). The shifting classification of PTSD has however been criticised and given rise to cynicism; McNally (2010) described a "conceptual bracket creep" commenting that "most people today qualify as trauma survivors" (p. 387). This may be in part due to the proliferation of a compensation-culture which has turned PTSD into a lucrative business; concerns have been raised that a do-it-yourself diagnostic approach can be adopted by looking online for trauma related symptoms and reporting them to doctors and insurance companies (Toolis, 2009).

The current classification of PTSD reflects contemporary socio-cultural trends and provides an initial framework to consider how news journalists may encounter trauma; they may be prone to both direct and indirect exposure when covering war, terrorism, accidents and natural disasters through witnessing and being part of events as they unfold and by interviewing survivors, victims and eyewitnesses in the aftermath. Criterion A4 has ramifications for journalists because their exposure is often repeated in multiple interviews or when transcribing or editing footage. Even desk-based journalists might be vulnerable because work-related exposure to media, pictures, television or movies is recognised as a risk, indicating that encountering traumatic imagery in the

newsroom or editing suite could trigger trauma responses. Journalists may experience an allostatic load increase over multiple exposures that could alter their baseline stress responses over time and lead to delayed onset. However, as a CoP who works integratively in clinical practice with both cognitive and psycho-dynamic therapeutic models, the subjective experience of the individual is paramount; each person represents a unique blend of developmental and existential experiences along with any number of co-morbidities that do not necessarily fit neatly into diagnostic criteria (Corbett & Milton, 2011; Hemsley, 2010). PTSD is not considered synonymous with trauma herein because the relational approach of CoP seeks more insight than a symptom-based conceptualisation alone can offer (Hemsley, 2010). This view is, however, at odds with the current dominant discourse of the medical model (Woolfe, 2016) that conflates PTSD and trauma favouring a cognitive approach to conceptualisation and treatment.

Ehlers and Clark's (2000) cognitive model postulates that PTSD develops if the memory of a traumatic event is *perceived* as a serious current threat, accompanied by re-experiencing, arousal and anxiety. Short-term attempts to reduce distress, such as avoidance, are believed to inhibit change and maintain safety behaviours. The dual representation theory (Brewin, Dalgleish & Joseph, 1996) posits that sensory input is processed dually, consciously and unconsciously. Conscious memories are thought to be stored in the verbally accessible memory (VAM), can be deliberately retrieved and contain some sensory information about the meaning of events. Conversely, it is suggested that unconscious memories reside in the situationally accessible memory (SAM) and contain automatically accessed sensory, physiological and motor information (Brewin, 2003; Resick, 2001), observed in PTSD as flashbacks or SAM intrusions (d'Ardenne, 2010). VAM is thought to correspond with hippocampal activity and SAM with the amygdala (Brewin, 2003). NICE guidelines (2005) recommend Trauma-focused Cognitive Behavioural Therapy (CBT) and/ or Eye Movement Desensitisation and Reprocessing (EMDR). This involves processing trauma memories by up-dating the trauma story through re-living and identifying emotional hotspots (d'Ardenne, 2010), amending unhelpful appraisals and dropping safety behaviours (Mueller, Hackmann & Croft, 2004) through exposure (imaginal and *in vivo*), psycho-education and Socratic discovery (Padesky & Greenberger, 1995; Scott, 2008).

From a psychodynamic perspective, Freud interpreted the Greek word *trauma* to mean a wound that pierces the protective layer around the mind (Freud (1920/2005) hence PTSD is considered as one type of trauma amongst others such as depression, anxiety, substance use and personality disorder (Taylor, 1998). Early attachment patterns play a key role when formulating trauma responses in this approach (Brownscombe Heller, 2010; De Zulueta, 2002) because psychic injury is thought to occur where there is serious disruption between mother and child (Temple, 1998). This model emphasises interplay between internal and external reality; individuals are "more or less vulnerable to that particular event at that particular moment" (Garland, 1998, p.23). Janet identified dissociation as a trauma response (Van der Hart & Horst, 1989). He postulated that sub-conscious mental schema guide interactions with the environment, requiring categorisation and integration of memories. He suggested dissociation inhibits traumatic memories integrating into consciousness, leading to split-off experiences, which may prevent assimilation of new experiences resulting in somatic re-experiences and obsessional pre-occupations. The traumatic external event is thought to confirm worst internal fears, leading to a fear of bad objects and loss of belief in the predictability of the world and the protective function of good objects. This is believed to prevent movement from the paranoid-schizoid position to the depressive position where good and bad objects are integrated (De Zulueta, 2002). Treatment involves a relational perspective, exploring the subjective meaning of experiences, where 'no uniform responses should be expected' (Hemsley, 2010, p.15). The therapeutic relationship is considered central to recovery (Lemma, 2003) where the therapist is akin to a mother with a baby overwhelmed by anxiety; necessitating containment through counter-transference in response to anger, guilt, fear and revenge (Garland, 1998).

For the purposes of this research, trauma is conceptualised on a spectrum that recognises an individual may subjectively experience trauma responses that do not meet the diagnostic threshold for PTSD, but may have a significant impact on their functioning and mental health due to the meaning they apportion to them. PTSD is recognised as one form of trauma, alongside others such as impersonal, interpersonal, attachment (Allen, 2001), relational (Jordan, 2010), existential, (Corbett & Milton, 2011), occupational and vicarious trauma (Tehrani, 2011). Indeed, as a CoP every effort is made to see the person and their unique context, rather than a diagnostic classification (Douglas, 2010).

## *1.4. Counselling Psychology and trauma*

The UK Trauma Group estimate there are 40 public and private trauma-related clinical services in the UK (UK Psychological Trauma Society, 2013) indicating a large number of practitioners and populations which may be interested in the outcome of this research. The Division of Counselling Psychology has recently launched a special interest trauma group indicating this is a pertinent field within the profession; furthermore the BPS (2013) launched a special section in Disaster, Crisis and Trauma Psychology, suggesting this is currently a dynamic area in psychology.

It is hoped that the exploration of female journalists' experiences can inform CoPs, and the wider psychotherapeutic community, of potential issues that might impact therapy with this population. This study provides insight into attitudes towards psychotherapy[1], which may contribute to more effective practice by raising awareness of issues regarding engagement, motivation and expectations. It is anticipated that as a result of this study, CoPs and media organisations may work closer together on training, providing counselling services, shaping policy and procedural development. Findings might be applicable in other settings where women face potentially traumatic occupational hazards i.e. aid workers, emergency workers, military/security personnel, and thus may inform the wider trauma field. There may also be parallel applications for CoP regarding secondary trauma because psychological therapists, like journalists, listen to others' experiences of traumatic situations (Dworznik, 2006).

## *1.5. Overview*

A literature review follows this introduction; it critically examines the existing knowledge base related to journalists and trauma, culminating in a research question. The methodology and procedures section describes how the research was conducted and the epistemological rationale behind the selection of IPA for data analysis, including methodological reflexivity. The results are displayed through a table of themes,

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[1] The terms psychotherapy and counselling are used interchangeably in this study. Counselling Psychology is referred to as distinct throughout.

followed by analysis and interpretation of extracts from the interviews. The findings are examined in relation to other research in the discussion, highlighting how they can be applied in the professional practice of CoP and journalism and incorporating both personal and methodological reflexivity. Recommendations and a brief conclusion draw the study to a close.

Table 1.1.

*PTSD Diagnostic Criteria*

| Criteria | Scenario | Characteristics | Diagnostic Threshold |
|---|---|---|---|
| A: Stressor | Exposure to death, threatened death, actual or threatened serious injury and/or sexual assault | Direct exposure<br>Witness in person<br>Indirect; close friend or family exposed<br>Repeated or extreme exposure to aversive details (usually in professional context) | One characteristic present |
| B: Intrusion | Traumatic event is persistently re-experienced | Recurrent, involuntary and intrusive memories<br>Traumatic nightmares<br>Dissociative reactions (e.g. flashbacks)<br>Intense or prolonged distress after exposure to traumatic reminders<br>Marked physiologic reactivity after exposure to trauma-related stimuli | One characteristic present |
| C. Avoidance | Persistent effortful avoidance of trauma related stimuli after the event | Trauma related thoughts or feelings<br>Trauma-related external reminders (e.g. people, places, conversations, activities, objects or situations) | One characteristic present |
| D: Negative cognition/mood | Negative alterations in cognitions and mood that began or worsened after the traumatic event | Inability to recall key features of the traumatic event (usually dissociative amnesia, not due to head injury, alcohol or drugs)<br>Persistent (and often distorted) negative beliefs and expectations about oneself or the world<br>Persistent distorted blame of self or others for causing the event or resultant consequences<br>Persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt | Two characteristics present |

| | | or shame) | |
| | | Markedly diminished interest in (pre-traumatic) significant activities | |
| | | Feeling alienated from others (e.g. detachment or estrangement) | |
| | | Constricted affect: persistent inability to experience positive emotions | |
| E: Arousal/reactivity | Alterations in arousal and reactivity that began or worsened after the traumatic event | Irritable/ aggressive behaviour | Two characteristics present |
| | | Self-destructive/ reckless behaviour | |
| | | Hypervigilance | |
| | | Exaggerated startle response | |
| | | Problems in concentration | |
| | | Sleep disturbance | |
| F: Duration | Persistence of symptoms | B, C, D, E | More than one month |
| G: Functional Significance | Significant symptom-related distress or functional impairment | Social, occupational, or familial | Current |
| H: Exclusion | Disturbance is not due to another factor | Medication, substance use, or other illness | Current |

*Note.* Specify if 'With dissociative symptoms'; In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli: 1. Depersonalisation: experience of being an outside observer of, or detached from oneself. 2. Derealisation: experience of unreality, distance, or distortion. Specify if: ' With delayed expression'; Full diagnosis is not met until at least 6 months after the trauma, although onset of symptoms may occur immediately. These criteria apply to adults, adolescents and children over the age of six. Adapted from DSM-V (APA, 2013).

# Chapter Two: Literature Review

This review identifies gaps and unanswered questions within the current literature and is followed by the research question (Baumeister & Leary, 1997; Kasket, 2012). It explores evidence related to journalists and trauma, examining research from psychological and media sources, with a particular interest in whether any gender differentiation is apparent. Priority is given to empirical research; however, anecdotal evidence is also considered to gain insight into the experiences of journalists. The prevalence of psychopathology amongst journalists, and the identification of risk and protective factors is followed by analysis of journalists' experiences of covering traumatic news stories, including counselling and coping strategies, with a view to establishing what is already known and what remains to be explored in relation to this population.

## 2.1. Methodology

Initially, trauma textbooks and manuals were consulted (Brewin, 2003; Ehlers & Clark, 2000; Garland, 1998; Resick, 2001; Scott, 2008). A PsycINFO database search of *trauma* resulted in 5832 linked PDF articles. The focus was narrowed through zooming and funnelling (Kasket, 2012) with searches on *PTSD, occupational trauma, journalists and war reporting*. The Dart Research Database was consulted regularly using the search terms *journalist, journalism and trauma;* it self-describes as the 'definitive bibliography of scholarship on Journalism and Trauma' (2012). Snowballing (Ridley, 2008) evolved as part of the funnelling process, whereby one line of enquiry led to another and information was gathered from previously unanticipated sources. References were pursued in journalism journals and anecdotal evidence was garnered from media reports, biographies and at Frontline Club and INSI events. Trauma experts were consulted at BPS and BABCP conferences, and via email.

## 2.2. Psychopathology amongst journalists

The psychopathology of journalists exposed to traumatic stories, in terms of measurable symptoms, has been the main focus of empirical research. Pathology lies at the heart of the medical model, whereby disease is conceptualised as a 'deviation', with treatment aiming to reduce or remove symptoms to return the individual back to the 'norm' (Woolfe, 2016, p.10). Psychopathology reflects scientific attempts to classify mental health 'abnormalities' objectively (Milton, Craven & Coyle, 2010, p.57). Conversely, CoP is preoccupied with health and the subjective experience of individuals (Douglas, 2010). While diagnostic classifications can provide useful shorthand to communicate, CoP purports that mental health difficulties are not 'discrete, well-bounded categories' like physical ailments, and diagnoses are not 'truths but the product of a form of contested discourse which privileges certain accounts of reality' (Woolfe, 2016, p.11). Indeed, psychopathological concepts are thought to be 'negotiated and constructed via socio-cultural and historically specific meanings' (Milton et al., 2010, p. 57), illustrated by shifting classifications, such as the DSM-V (APA, 2013) with PTSD (McNally, 2010). Therefore an inherent tension between CoP and the medical model exists, mirroring the challenge each CoP faces to embody the reflective *and* scientist practitioner. The diagnostic classifications evident herein do however represent the reality of what is currently known about this population; therefore it is essential to engage with them. Further, they can be interpreted critically to try and make sense of journalists' experiences using the current dominant cultural explanations co-created by contemporary society (Douglas, 2016).

### 2.2.1. Are journalists a clinical population?

Journalists first appeared as a potential clinical population in the mid-90s in relation to witnessing a state execution in California (Freinkel, Koopman & Speigel, 1994); however, interest in their mental health seemed part of a larger campaign against the death penalty in America (Gil, Johnson & Johnson, 2006). The findings indicated that more than half of the journalists experienced some form of dissociation, which strongly correlated with anxiety. Television journalists reported more dissociation than radio journalists and females showed more symptoms of both indicating that gender and the

role a journalist performs might influence their psychological well-being. Nevertheless, the small sample size of 15 participants negated wider generalisation.

An Australian CoP conducted a pilot study investigating secondary trauma related to news coverage amongst a mostly male sample of Australian print journalists (McMahon, 2001), indicating pertinence for this profession. She used quantitative and qualitative measures to compare 'then' experiences of a traumatic event with how the participants felt 'now' at the time of data gathering; participants completed the IES-R, GHQ-28 and answered questions regarding coping strategies and support. Participants who had reported on a traumatic story in the last three years were allocated to a Trauma Group, and if not, to a Contrast Group. Both groups reported higher than average GHQ-28 scores, indicative of psychological difficulties. The author concluded this 'may support the notion that journalism is a highly stressful profession' (p. 54). The Trauma Group retrospectively reported significant levels of avoidance and intrusive thoughts and images; this decreased over time. Older journalists reported higher intrusion and avoidance; female journalists reported more anxiety and insomnia and single journalists reported more depression and social dysfunction. This suggests that the category 'journalist' incorporates differing levels of psychological vulnerability related to age, gender and marital status and could mean that an older, female, unmarried journalist may be more susceptible to psychological difficulties. It would be useful to further examine the gender differences identified in this study.

Caution needs to be exercised generalising these findings because the response rate was very low, indicating poor reliability. This might reflect resistance from journalists approached to take part, who may have considered the study irrelevant. Furthermore, the group categorisation appeared arbitrary because participants self-identified and perhaps had a limited understanding of what constituted trauma. Some journalists in the Contrast Group mentioned covering stories that would be classified as traumatic in their qualitative responses, perhaps explaining the elevated GHQ-28 scores in both groups. A screening questionnaire might have helped categorise the groups and led to more reliable findings. Psychometric data does however require tentative interpretation due to the limitations of both retrospective self-report and the lack of cohesion between psychometric measures and diagnostic criteria, i.e. this study relied on the IES-R to measure levels of PTSD, yet this has been critiqued for basing outcomes on a single

traumatic event, perhaps unlikely for news journalists who encounter multiple traumatic events. Further the items measured do not correspond directly with DSM criteria and are not considered accurate for diagnostic purposes (Foa et al., 1997); therefore how definitive can the outcomes and subsequent categorisations be for research purposes? Nevertheless, this study provided a useful insight into journalists' subjective perceptions, indicating a tendency to downplay the impact of trauma, worthwhile bearing in mind clinically and for research.

A German investigation into European and American journalists' work-related trauma published in the same year, also with a majority of male participants, reported a positive correlation between PTSD and previous experiences of violence in family of origin, depression and deficiencies in emotional competence. More than a quarter of the journalists surveyed reported significant PTSD symptomatology, suggesting the Australian outcomes were not anomalies (Teegen & Grotwinkel, 2001). However, the results were not presented in relation to gender so it is not known if any gender differentiation was evident. It is also not apparent whether the majority of male participants might have skewed the results and were unrepresentative of the female participants' experiences. A more detailed examination of gender difference would be necessary to gain insight.

### 2.2.2. Do occupational roles influence PTSD vulnerability?

There is a tendency to classify journalists' experiences diagnostically in the literature, with a focus on whether they meet criteria for PTSD. Two immediate difficulties arise with this, firstly assumptions attached to what PTSD is, and secondly defining what constitutes a journalist. The process of identifying and classifying PTSD as a diagnostic entity relies on the observation of recognised 'constellations of signs' as identified by classification systems like the DSM and International Classification of Diseases-10 (ICD-10), and self-report of symptoms (Brewin, 2003, p. 23). Despite the seemingly objective nature of criterion, it is individuals who subjectively carry out the observations and reports, bringing their own perspectives to the process. Indeed, validity and reliability have been cited as 'major problems' with the DSM (Hammersley, 2016, p. 263). Kutchins and Kirk (1997) described how pairs of

experienced specially trained clinicians in research settings in the USA and Germany frequently disagreed on diagnoses over hundreds of cases. Therefore, not only does diagnostic criteria seem fluid over time indicating weak construct validity, but application and interpretation appears unreliable with poor inter-rater reliability (Pilgrim, 2016). Further, by searching for symptoms it is likely that individuals with subclinical threshold experiences would not be accounted for and thus potentially ineligible for treatment in some services. The following studies thus need to be approached with this caveat in mind.

To compound matters further, the starting point of whom or what a 'journalist' is seems unclear. The term incorporates multiple sub-categories such as reporter, researcher or photographer for a newspaper or magazine; reporter, researcher, producer, camera operator, sound technician or truck engineer for a television or radio broadcaster, not to mention online multimedia contributors. For a 'news journalist' there is no clear-cut delineation as to what type of stories may be encountered, from fashion to war. While some studies have focused on one type of journalist, such as photographers (Newman, Simpson & Handschuh, 2003), others have included multiple job roles in samples without consideration for the divergence this may contribute to their experiences (Weidmann, Fehm & Fydrich, 2007). Both of these difficulties presented a challenge for the assimilation and synthesis of findings.

Two US large-scale studies identified psychopathological differences between print journalists and photographers indicating that an awareness of occupational role is useful. Both were conducted by the Dart Foundation which links journalists, mental health professionals, researchers and educators internationally, by offering training, fellowships and study with the aim of improving 'media coverage of trauma, conflict and tragedy' (Dart, 2012). The psychological impact of work-related trauma on 906 newspaper journalists was analysed through online surveys; including the Journalist Trauma Exposure Scale, Stressor Survey and PCL (Pyevich, Newman & Daleiden, 2003). Ninety-six percent reported at least one traumatic stressor but only 4.3% met PTSD diagnostic criteria, indicating that only a few journalists reported trauma responses, despite a high level of exposure. This is less than the 5% estimated lifetime prevalence of PTSD for the general population (Kessler et al., 1995) and might indicate either resilience or resistance to recognising the psychological impact of covering

traumatic events. Print journalists may be less affected because the bilateral stimulation of typing and looking at a screen could have a similar effect to the treatment used in EMDR as demonstrated in laboratory conditions with the computer game Tetris (Holmes, James, Blackwell & Hales, 2011). EMDR is thought to enhance information processing by reducing intrusive thoughts and images, leading to the creation of 'new connections within the memory system' (Shapiro & Maxfield, 2002, p.935). However, this hypothesis is, as yet, untested.

In contrast, photographers were found to have higher levels of PTSD; 875 American photojournalists were surveyed with the PCL, a trauma-related assignment scale and questions about practice, including counselling (Newman et al., 2003). Ninety-eight percent reported occupational exposure to traumatic events, with car accidents, fires and murders being most common, 6.7% met PCL criteria for PTSD. Although this is above the norm, it reflects a relatively low incidence of psychopathology in relation to their high level of exposure. Their elevated PTSD symptomatology could be linked to the visual nature of photography, which may not permit verbal processing of traumatic events thus they remain in the SAM, reappearing in the form of intrusions (d'Ardenne, 2010); however, this is speculation. The number of traumatic events covered, dimensions of assignments, personal trauma history and social support were identified as significant risk factors for the development of PTSD. Those who met PTSD criteria were significantly more likely to have reported personal risk factors such as sexual assault, sexual abuse as a child, kidnapping, familial physical abuse or a car accident, indicating that pre-morbid experiences influence PTSD development. These risk factors were supported by a Finnish investigation into what might predict PTSD amongst journalists, highlighting the likelihood that exposure to trauma at work may trigger trauma responses related to previous experiences (Backholm & Bjorkqwist, 2010).

Despite the face validity of large samples, the response rate in both studies was low, perhaps indicating resistance to psychological exploration. Self-selection may have impacted the outcome; respondents may have been motivated by their trauma experiences and the non-responders may not have encountered any. Thus the samples would have been unrepresentative. It is impossible to ascertain to what extent the adverse personal risk factors may have impacted PTSD prevalence, however, it is probable they played a role, highlighting the limitations of diagnostic classifications to

reflect the nuances of individual experiences. Further, none of the findings were presented according to gender; therefore it was impossible to see whether there was any discrepancy. It would be useful to consider gender in relation to occupational role to develop a more detailed understanding of whether certain journalists may be more vulnerable to psychological difficulties.

### 2.2.3. *What about secondary trauma?*

Not all news gathering roles require journalists to be on location. Nonetheless, it has been suggested that journalists who do not experience traumatic events first-hand are at risk of developing trauma responses (Ochberg, 1996). This could represent a parallel process with therapists who can be vulnerable to secondary trauma through exposure to client's trauma narratives, a process known as vicarious traumatisation (Dworznik, 2006). Differences in psychopathology between desk and field journalists from the news departments of major Japanese broadcasters were examined (Hatanaka et al., 2010) revealing that journalists who were onsite during a traumatic event had significantly higher IES-R scores than their desk-based colleagues, indicating higher levels of PTSD symptomatology. The sample was predominantly male, reflecting the working composition of Japanese broadcasters, with no gender differentiation presented in the findings. Therefore it is impossible to ascertain what the female experience may have been.

German researchers compared psychopathological differences between newsroom-based television and radio staff (Weidmann & Papsdorf, 2010). Seventy-eight percent of the television staff reported familiarity with intrusive memories related to video footage encountered at work; their worst recurring memories included execution/murder and dead bodies. However, they only reported mild intrusion and avoidance with low associated mean impairment, indicating that their daily functioning was not markedly impacted by their experiences. This could mean they have effective ways of coping with the intrusions, or that they did not feel comfortable disclosing them in a questionnaire emailed by their employers due to career prospect concerns. The radio group (control) reported a similar level of impairment indicating that neither group was adversely psychologically impacted. The researchers noted that the surveys took place when there

were no obvious traumatic stories, so impairment might have been greater had they been completed at a different time. The findings were not presented based on gender; therefore it is impossible to ascertain whether there was any differentiation. Nevertheless, both studies indicate a negligible risk to newsroom-based journalists and suggest the updated DSM-V (APA, 2013) provisions for virtual occupational traumatisation may not be applicable for this population, contrasting with McMahon's (2001) identification of significant secondary trauma responses amongst newspaper journalists. While these findings are by no means exhaustive, this discrepancy and an absence of female perspective warrant further examination.

### 2.2.4. Do different events have varying impacts?

Research has been conducted with journalists to ascertain whether greater levels of psychopathology can be identified in relation to different types of traumatic stressors encountered through work. The Canadian psychiatrist Anthony Feinstein investigated the psychological impact of covering war with his colleagues (2002). They assessed 247 broadcast journalists for PTSD, depression and psychological distress using the IES-R, BDI-II and GHQ; 140 of the journalists were covering war at the time, and 107 had never covered war. One in five were subsequently assessed using the Structured Clinical Interview for Axis I DSM-IV disorders. The results revealed a worrying prospect for journalists who cover wars; they were identified to have significantly more psychiatric difficulties, reporting more symptoms of PTSD including intrusive thoughts, images, avoidance and hyper-arousal. Their depression levels exceeded that of their non-war reporting colleagues and general population norms. They also reported significantly higher weekly alcohol consumption, with female war journalists drinking notably more than their domestic counterparts. If alcohol consumption is considered a dysfunctional coping strategy (Simmons & Griffiths, 2009), this could be an indication of psychological difficulties (Jones & Fear, 2011). It would have been useful to understand if there were other gender differences, however, none were presented. The sample was again predominantly male, perhaps reflecting the tendency for fewer female journalists to work in hostile environments; therefore the extent to which the findings reflect the female experience remains unclear.

In Feinstein's (2002) study, 28% of the war journalists were diagnosed with lifetime PTSD as a result of the clinical interviews. This is higher than rates recorded for traumatised police officers and closer to that seen in military veterans. However, this actually only referred to eight participants, based on the 1-5 interview ratio. This could be another example of journalists under-reporting psychological distress quantitatively and revealing it qualitatively, as seen in McMahon's (2001) study. If this is the case, psychometric outcomes may not reflect the degree of psychological distress experienced by this population. Conversely, these eight may not have been representative of the wider sample. The gender composition of the clinical interviewees was not specified, therefore it is impossible to know whether any female journalists were interviewed and represented in the high lifetime prevalence rate. Nevertheless, the interviews offered useful insight into the impact of traumatic experiences on the lives of the war journalists; including relationship difficulties, over-sensitive startle reflexes in response to sudden or loud noises which led to social avoidance, reliance on alcohol and an inability to adjust to civilian life. This reveals how valuable a qualitative approach could be because it accesses the experience behind the statistics, indicating that further qualitative investigation would be beneficial.

There are differing circumstances of coverage amongst journalists who cover wars, one being whether they are embedded with a military unit (*an embed*) or working independently and not attached to a military unit (*a unilateral*). CNN commissioned Feinstein and Nicolson (2005) to compare the psychological impact of both scenarios three weeks in to the last Iraq War. 100 journalists, on assignment in Iraq completed online versions of the THQ, IES-R, BDI-II and GHQ-28. No significant differences were identified, however, there was evidence of psychopathology in both groups with a correlation between depressive and PTSD symptoms. This was perhaps not surprising considering the participants were working in a war-zone at the time. Further, the data was gathered within a month since exposure, contrary to diagnostic criteria for PTSD in the DSM-V (2013) and earlier versions, and firmly within the timeframe for PTSD-like symptoms to be considered normal coping mechanisms (Brewin, 2003). This raises the spectre that diagnostic nomenclature pathologises normal responses. From an existential perspective, it has been suggested that the diagnosis of PTSD may inhibit people from emotionally processing their experiences in 'meaningful and purposive ways' (Corbett

& Milton, 2011, p. 63) indicating that diagnostic criteria may inadvertently hinder rather than help the recovery process.

Again, there was a male predominance in the sample and gender differentiation was not explored, so it is difficult to ascertain to what extent female journalists' experiences were reflected in these results. However, Sinyor and Feinstein (2012) identified this gap and re-examined a synthesis of data based on gender, within and between each study. They discovered that women in the first study were less likely to be married and were better educated than their male counterparts. They also found that the female journalists in the Iraq war were younger, less experienced and twice as likely to have never been married than their male colleagues. They acknowledged this was not in line with previous findings, which indicated that marriage usually serves a protective function against psychopathology. It could be hypothesised that editors send young, single and inexperienced female journalists to warzones because they do not have children or partners. Moreover, maybe some female journalists choose not to marry because working in hostile environments is incompatible with being a wife and mother, perhaps the long hours and foreign travel are not conducive to sustaining intimate relationships. This is speculative extrapolation based on statistics; without speaking to female journalists it is hard to know whether these hypotheses are accurate.

No significant gender differences were identified in substance use, anxiety, PTSD or depression, which contradicts epidemiological studies that indicate women have a higher incidence of depression, anxiety disorders and PTSD than men (Breslau, 2002). Why might this be, particularly with the absence of marriage as a protective factor? Could this reflect the personality type of women that work in war-zones? Are they risk-taking, sensation seekers or are they more resilient than other women? South African research into journalists' temperaments concluded that those with severe PTSD symptoms were significantly more likely to display neuroticism and be prone to hostile and aggressive temperaments, even though it was unclear whether this was pre-morbid or a result of trauma exposure (Marais & Stuart, 2005). Pre-morbid neuroticism and hostility were identified as vulnerability factors for PTSD, therefore the converse may be true and resilience could be a protective factor. However, the sample was again majority male, without gender differentiation, so it is impossible to generate a reliable picture of a female journalists' personality type from these findings. Sinyor and

Feinstein (2012) concluded that female journalists comprise a 'highly select, resilient group' (p. 29). It would be ideal to explore the experience of being a female journalist qualitatively because it may shed some light on some of the questions raised by these quantitative investigations.

There is much that is laudable about the research produced by Feinstein and his colleagues, including the robust methodology featuring clinical interviews. However, the reliance on DSM diagnostic classifications perhaps created an illusion of face validity; PTSD as a stand-alone entity has been challenged since its conception due to an early reliance on military samples as the 'bedrock' of diagnosis post-Vietnam, raising questions as to applicability to the general public (Brewin, 2003, p. 10). It remains a controversial diagnosis frequently met with scepticism (Friedman, Keane & Resick, 2007); however, this was not acknowledged in these findings. Face validity seems further undermined by a blurring of professional boundaries. Feinstein wrote two books (2003; 2006) and produced a film (2011), which elaborated the data-gathering process and provided a current affairs context, recounting journalists' experiences of coverage via on-screen interviews. While these provided interesting anecdotal insights, they did not follow a qualitative methodology and seemed to blur professional boundaries with Feinstein citing from therapy sessions with named journalists, who also took part in his studies. Broadcast organisations engage him for psychotherapeutic interventions with staff and have presented him with honoraria that may contribute to partiality. This dual role of therapist and researcher is ethically questionable due to broken confidentiality, lack of anonymity and ambiguous role delineation, thus potentially undermining the face validity of his findings.

War journalists could be seen as an extreme segment of journalists and perhaps unrepresentative. Weidmann et al. (2007) investigated the psychological impact of reporting on the Asian Tsunami amongst German-speaking media professionals. Ninety-two percent reported experiencing at least four traumatic experiences and 6.6% fulfilled PTSD criteria. Although this is above rates attributed to the general population it is substantially less than that identified amongst war covering journalists. Indeed the 6.6% referred to only four participants who met criteria for mild-moderate PTSD, which could have been related to pre-morbid experiences. Participants who reported less support from colleagues and supervisors reported higher PTSD and depression levels,

which may have important ramifications for how journalists are managed. Support from management was identified as a major theme in a qualitative study on occupational stress amongst journalists covering the Iraq War (Greenberg, Thomas, Murphy & Dandeker, 2007). The authors surmised that a hazardous work environment does not cause significant levels of stress and poor job satisfaction. Instead, organisational factors such as an imbalance between effort, skill utilisation and perceived rewards contribute to stress reactions. More recent findings amongst Japanese broadcast journalists have indicated that social support had an insignificant effect on the development of PTSD symptoms (Hatanaka et al., 2010). Therefore it may be useful to explore the experiences that belie these contradictory findings to gain insight into what the lived experience of social and professional support is like.

It could be surmised that journalists who cover war and natural disasters may be at greater risk of experiencing psychological difficulties. However, Dworznik (2011), a former TV news reporter, investigated the psychological impact of covering local news on American TV staff. She conducted an online survey of 280 journalists related to PTSD and compassion fatigue. Nearly 10% met diagnostic criteria for PTSD as measured by the PCL-C, of which the majority indicated their daily functioning was impacted by their symptoms. This is more elevated than some findings examined herein, raising the question as to why. It could have been assumed they might exhibit less traumatic stress responses due to their 'local' exposure, which would preclude war coverage; conversely, the results indicated the opposite. The researcher's former role as a journalist may have encouraged journalists to participate; if they considered the research was being carried out sympathetically they may have felt safe to share their actual experiences. Or it may be that accumulated exposure, the trauma of everyday life such as car accidents, murder and rape, may have had more of an adverse impact because they occurred within their own community. Perhaps events like 9/11 and the Tsunami, although traumatising can be made sense of as exceptions that are unlikely to be repeated; this hypothesis would be interesting to explore. In both studies, there was again a male predominance in the sample; the Tsunami results were not gender specified, so there is no way of knowing whether there was any gender divergence in psychopathology. However, the relationship between gender and compassion fatigue was examined with the local journalists and being female was found to be a significant predictor of higher compassion fatigue scores. This is interesting, yet it is unclear

whether other gender differences were identified because none were presented. Again the female experience seems underrepresented, and as such it appears to be a gap in the literature that warrants further exploration.

### 2.2.5. Summary of journalists' psychopathology

The evidence indicates that the occupational role a journalist performs may impact the degree to which they experience psychological difficulties, with those who encounter first-hand trauma and work with visual media being most vulnerable. For the large part, with the notable exception of war and local journalists, the levels of psychopathology reported seem equivalent to, or only slightly more elevated than those within the general population, despite higher levels of trauma exposure. The question remains as to how useful clinical measures of psychopathology actually are because some journalists may have experienced sub-syndromal trauma responses, or not responded accurately on self-report measures. Furthermore, as the validity and reliability of diagnostic criteria in the DSM has been critiqued in relation to PTSD, considerable caution is advised when interpreting the outcomes as definitive evidence. These findings were all based on predominantly male samples and gender was largely overlooked as a factor, representing a gap in the current research regarding the female perspective and experience.

### 2.3. Beyond Psychopathology

Despite the varying psychopathological evidence, the vast majority of journalists do not report psychological difficulties in relation to covering potentially traumatic stories. Which raises the question as to why not? The next section examines what is known about how journalists make sense of their experiences, how they cope and how they experience counselling.

### 2.3.1. How do journalists make sense of their experiences?

Dworznik (2006) analysed interviews with 26 American local news journalists using qualitative narrative analysis, specifying that she wanted to go beyond cataloguing symptoms to understand how journalists made sense of their experiences. She used Baumeister and Newman's (1994) framework of motivation, which purports that if a story meets one of the four 'needs' of purpose, value/justification, efficacy/control and self-worth, it gives meaning to the event. She arranged her data to illustrate to what extent these needs were met by the participants' narratives; 'purpose' was demonstrated by goal attainment such as getting 'the story' and 'learning a lesson' from coverage (p. 540). 'Value/justification' was exemplified through an emphasis on positive results such as getting an exclusive or gaining celebrity status. There was a noticeable pattern of justification whereby narratives shifted responsibility away from themselves, either onto the subjects of their stories or requirements of their jobs. Dworznik noted that participants often laughed or smiled while sharing traumatic experiences; she attributed this to their need to take control of their work environment by rendering the situations benign. While this provided useful insight into what motivates news journalists, it was slotted into a pre-existing theoretical framework, which may have led to selective interpretation and restricted exploration of how the participants *actually* made sense of their experiences. Again, there was a predominance of male participants and no gender differentiation, which made it impossible to ascertain to what extent female journalists were represented. Indeed, Dworznik concluded by identifying the lack of female participants as a limitation and called for future research to investigate the female perspective and experience.

Keats (2010), a Canadian CoP, conducted qualitative analysis of the metaphorical expressions used by eight photographers in interviews and when describing the circumstances around a photograph that 'most affected them' (p.239), through a visual method called *photoelicitation*. This is based on the constructivist notion that people organise their experiences in coherent narratives to make sense of them. Keats identified three major themes of metaphors: violence, bewilderment and health/affliction. She suggested that the metaphors of violence reflected the level of danger and risk involved in competitive coverage and recurrent trauma exposure with metaphors such as 'cut-

throat', 'crush the weak', 'trial by fire' and aggressive words like 'assassinate', 'stab', 'screw', 'battle' (p. 242). The theme of bewilderment encapsulated the photographers' difficulties making sense of what they witnessed attributing other-worldly qualities to it; 'twilight zone', 'strange', 'wasn't human', 'ghost', 'mystique', 'mystery' (p. 246), indicating that it was hard for them to fathom. This led to a numbing of emotions, identified through words like 'floating' and 'overlook' (p. 247). The metaphors used to describe coping with covering trauma comprised the health/affliction theme with terms like 'it's like a disease', 'immune', 'bleeding heart', 'hard-nosed', 'scars' and 'paralysis' (p. 249). This in-depth analysis of photojournalists' linguistic constructions gives insight into their experiences, and indicates they are psychologically and emotionally impacted by trauma, despite the low levels of psychopathology previously identified (Newman et al., 2003).

There was a distinctive CoP flavour to this research; Keats wrote in the first person making her position clear, the detailed analysis seemed akin to the work a therapist and client undertake and could be clinically informative, while her reflections on the subjective experiences of the photojournalists gave a depth of understanding impossible to attain with statistics. Again, there was no gender differentiation in the results and there was only one female participant. Therefore while these studies provide valuable insight into how journalists make sense of their experiences, there was again a male predominance, highlighting a gap in the research regarding the experiences of female journalists.

### 2.3.2. How do journalists cope with trauma?

Buchanan and Keats (2011) both CoPs, looked at how Canadian print and broadcast journalists cope with the traumatic stories they cover by conducting an ethnographic study. The IES-R was implemented prior to interview and revealed substantial psychological difficulties, with 61% reporting mild-moderate distress and 16% substantive distress. The data was collected through semi-structured interviews, in person or by telephone, and complemented by six on-site observations in newsrooms. The observation notes were added to the interview transcripts and analysed using qualitative research software and *in vivo* coding. The qualitative approach permitted the

researchers to clarify the context and significance of events for each participant, reflecting their interest in subjective experiences as CoPs.

Six main themes were identified; *avoidance strategies at work* which included lying to management to avoid being sent to a warzone, delaying arrival to a disaster in the hope that 'the most gruesome stuff is gone' (p.130), not talking about it and avoiding locations related to traumatic events. The *use of black humour* was credited with helping to 'lighten things up' (p.131) and allowing journalists to remain emotionally detached. In a similar vein, *controlling one's emotions and memories* was identified through expressions like 'compartmentalising', putting a 'game face on' and keeping it in a 'box' (p.131). *Physical exercise* was lauded as a way to de-stress and avoid thinking about work. *Focusing on the technical, mechanical and practical aspects* of coverage was observed to serve a protective function, with the camera acting like 'armour' or an 'anchor' (p.132). *Substance use* was employed to 'numb out' and 'self-medicate' (p.133). This supports earlier findings that identified both drinking and black humour as coping strategies for journalists after traumatic exposure (Greenberg et al., 2007; Simpson & Boggs, 1999). Indeed, excessive drinking amongst journalists has been described as a form of 'adaptive regression' (Himmelstein & Faithorn, 2002, p.551). Anecdotal evidence from journalists' autobiographies also refers to regular substance use to cope with covering traumatic news stories (Loyd, 1999; Steele, 2002). Therefore it would seem these are well-recognised methods of coping; however, their efficacy appears limited in light of the IES-R outcomes.

Keats and Buchanan's (2010; 2011) findings elucidate what it is like to be a journalist and how useful a qualitative approach can be to access their experiences. However, again, there was a predominance of male participants and no gender differentiation so it is impossible to ascertain to what extent the female experience was represented. Therefore it would be helpful to qualitatively consider the experiences of journalists with a focus on gender differentiation.

### 2.3.3. Journalists and counselling

High levels of trauma exposure amongst journalists have not been reflected in correspondingly high levels of engagement with psychological services (Feinstein et al., 2002). A quantitative investigation into attitudes towards help seeking in relation to PTSD among management-level journalists revealed that therapists and Employee Assistance Programmes (EAPs) were two of the least popular support options for journalists, with family members, friends and colleagues topping the list. (Greenberg, Gould, Langstone & Brayne, 2009). The authors concluded that 'journalists are yet to be reassured that seeking in-service support is acceptable and will not damage their careers' (p. 547). They advocated proactive management of psychological care, including the Trauma Risk Management (TRiM) support system, which permits 'post-incident psychological management 'in house'' (Greenberg, Langston & Jones, 2008, p. 125). TRiM practitioners are non-medical junior managers who support and educate peers regarding psychological well-being, identifying those who require specialist input. This model is already utilised by the military and some emergency services. Keats and Buchanan's (2009) qualitative exploration revealed that journalists found EAPs inaccessible and did not believe confidentiality would be maintained in counselling. They described negative experiences of therapists being 'aloof' (p. 172) and disinterested, specifying it would be desirable for therapists to have specialist knowledge of working with journalists. This lack of satisfaction indicates that further investigation into this population's experience of therapy would be useful to improve CoP practice.

Limited levels of engagement with counselling have been demonstrated in other studies; photojournalists appeared reticent about engaging with counselling services with only 18% participating in sessions (Newman et al., 2003). However, interestingly, the vast majority (81%) reported they found the counselling 'helpful', contradicting Canadian findings (Keats & Buchanan, 2009). Feinstein et al. (2002) noted war correspondents were no more likely to access psychiatric help than their non-war reporting colleagues, despite higher levels of psychopathology. However, a quarter of the war journalists reported use of medication, therapy or a combination of both. Greenberg et al. (2007) identified a difference in counselling uptake between embeds in Iraq and unilaterals;

only 6% of embeds sought counselling, while 16% of unilaterals sought counselling for anxiety, nightmares, tearfulness, sleeplessness and depression. This may demonstrate that unilaterals had a more traumatic experience of coverage because they were not attached to military units, in contrast to Feinstein and Nicolson's findings (2005). Despite these differences in therapeutic engagement, the majority of journalists did not seek counselling, which raises the question as to why not? Was this because of stigma associated with consulting a mental health professional, or because they did not consider it would be beneficial? A qualitative response from Simpson and Bogg's (1999) study elaborated; 'my employer makes counselling available as a benefit, but nobody has ever suggested it be used' (p. 17) indicating that lip service was paid to the provision of counselling for journalists. It would be useful, from a CoP practice perspective, to explore journalists' attitudes towards psychotherapy and what motivates them to engage, or not, with the therapeutic process.

### *2.3.4. Summary of beyond psychopathology*

The evidence related to how journalists experience covering traumatic news stories highlights incongruence between their reported experiences and psychopathological outcomes. This was captured through qualitative observations and interpretations such as the contradiction of a smile while talking about traumatic experiences and the use of violent phrases that revealed affliction. Substance use and gallows humour emerged as favoured coping strategies amongst journalists. In general, they do not engage with counselling services, however, those who do reported mixed experiences, indicating that further investigation could be beneficial for CoP practice, the well-being of journalists, the objectivity of the news they report and the efficacy of the news organisations they work for. As a CoP, the analysis presented in the qualitative research shed light on what it was actually like for the journalists in a more tangible way than diagnostic categorisation. Despite this, there was a dearth of information regarding the female perspective, which reiterated the impression that this is an overlooked aspect with this population to date, and would be worth exploring in more detail.

## 2.4. Research question

This review has highlighted a general focus on diagnostic criteria, measurable outcomes and factors, with a minority of studies considering how journalists cope with and make sense of their experiences. A specific lack of gender consideration and an almost total absence of female perspective were identified. This warrants an original exploration, with qualitative methodology, of the subjective experience of female journalists. Discrepancies related to the role of workplace support and attitudes towards counselling were also apparent in the literature and merit further investigation. This review has given rise to a specific question and sub-questions:

How do female journalists make sense of their lived experiences of potentially traumatic events?

1. How do female journalists experience their supervisors and colleagues before, during and after exposure to potentially traumatic events?
2. What attitudes do female journalists express towards psychotherapy?
3. What influences their motivation to engage/disengage with/from the therapeutic process?

# Chapter Three: Methodology and Procedures

A qualitative approach fits the aims of this research because it seeks to 'understand and represent the experiences and actions of people as they encounter, engage and live through experiences' (Elliott, Fischer & Rennie, 1999, p.216) whereas quantitative methodologies attempt to generalise through hypothetico-deduction (Barker, Pistrang & Elliot, 1994). This section outlines an epistemological rationale and overview of IPA in relation to this study. The steps taken to carry out this study are detailed, with a view to it being replicable. Validity and methodological reflexivity are also explored.

## 3.1. Epistemological rationale

The literature review identified a gap in the current knowledge about female journalists and how they experience potentially traumatic news stories. In line with the research question's aim to explore these experiences, the useful insights afforded from existing qualitative findings with this population and my own epistemology, I contemplated a number of qualitative methodologies. In light of the pre-existing research, grounded theory did not seem appropriate because it is recommended when 'relatively little is known' (Payne, 2007, p. 70). It can challenge existing theories or generate new theories (Pidgeon, 1996), which was not my intention. Furthermore, the positivist epistemology has been considered to 'sidestep' reflexivity and have limited applicability to phenomenological research (Willig, 2001, p. 45), which made it less attractive from a CoP perspective which seeks to engage with 'subjectivity and inter-subjectivity, values and beliefs' (BPS, 2005, p. 1) both in clinical practice and research.

Discourse Analysis (DA) initially seemed like it might be an appropriate choice, particularly because words are the trade of journalists; it is concerned with how language is structured to produce meaning 'independently of the intentions of the speaker' (Parker, 1994, p. 92). Speech is considered a social action, and language constructs meanings (Willig, 2001). DA adopts a radical social constructionist position whereby language constructs social reality within a particular cultural and historical context; this is not considered to correspond with an *actual* truth or reality (Lyons &

Coyle, 2007). However, this outlook does not fit with my epistemological position; taking a critical realist stance, I believe that there is such a thing as reality, but different perspectives give rise to varied individual experiences of that reality. Further from a contextual constructionist perspective, I recognise that reality is partially shaped by socio-cultural and historical context, but not entirely; while it is evident that cultural discourse influences how individuals make sense of the world, I subscribe to Eatough and Smith's (2006) view that this does not *determine* how meaning is made but can be seen as part of the meaning-making process. IPA has been described as at the 'light end of the social constructionist continuum' owing much to symbolic interactionism where reality is perceived as something that humans are inextricably bound up with and can shape (Eatough & Smith, 2008, p. 184). Discursive psychology on the other hand, is interested in how people use discursive resources to achieve interpersonal objectives through social interaction (Willig, 2001); Foucauldian Discourse Analysis (FDA) focuses on how discursive constructions are 'implicated' in an individual's experience, sharing common ground with IPA (Eatough & Smith, 2008, p. 185). It explores discourse and subjectivity (Willig, 2001) in line with CoP objectives. I had wondered if the incorporation of subjectivity in FDA would make this a fitting form of analysis. It does not, however, account for the variability of human experience beyond language (Parker, 1994), which I felt might limit potential findings.

IPA maintains that to view life-worlds merely as linguistic constructions does not reflect the reality of lived experiences advocating that humans creatively construct their worlds through 'intersubjective interpretative activity' (p. 184), in which reflexivity is crucial; this resonates with my epistemology and echoes the philosophy of CoP. To date, IPA has not been used to explore journalists' experiences of trauma indicating a novel, original approach that syncs with the aims of this research. As a novice researcher, the regional IPA group and online forum suggested a vibrant research paradigm. I was attracted to the less prescriptive structure that takes a stand against 'methodologism' and 'methodolatry' (Smith, Flowers & Larkin, 2009) recognising creativity, flexibility and the centrality of the researcher. For me, this approach reflects the reality of life and ethos of CoP demonstrating congruence between my epistemology, my research model and CoP values, in line with BPS guidelines (2005).

### 3.2. IPA

### 3.2.1. Origins

IPA is a relatively recent qualitative approach, articulated by Jonathan Smith in the 1990's (Eatough & Smith, 2008). It originated in health psychology; however, other human and social sciences utilise it (Smith et al., 2009). It has been described as a currently 'fashionable' method of analysis (Hefferon & Gil-Rodriguez, 2011, p.756), however, it connects with 'much longer intellectual currents in phenomenology and hermeneutics' (Eatough & Smith, 2008, p. 179).

### 3.2.2. Phenomenology

Phenomenology is concerned with the experiential reality of life, the meaning of things and others (Eatough & Smith, 2008). Husserl advocated engagement with experiences through reflection and encouraged bracketing off what is taken for granted (Willig, 2001). His student, Heidegger, proposed humans are *being-in-the-world,* challenging Cartesian dualism (Eatough & Smith, 2008). IPA is concerned with 'detailed examination of individual lived experience and how individuals make sense of that experience' (Eatough & Smith, 2008, p.179). It focuses on perceptions rather than objective statements (Smith & Osborn, 2008) by examining 'life-worlds' asking 'what is it like to be experiencing this or that for this particular person?' (Eatough & Smith, 2008, p. 181). It describes and documents rather than providing explanations (Willig, 2001). CoP is interested in 'phenomenological models of practice and enquiry' and seeks to 'engage with subjectivity and intersubjectivity' (BPS, 2005, p.1), therefore there is a natural fit of paradigms.

### 3.2.3. Hermeneutics

Any attempt to reflect what 'is' gets distorted through 'cultural and socio-historical meanings' (Eatough & Smith. 2008, p.180). IPA accepts the impossibility of gaining

direct access to life-worlds by acknowledging the researcher's role (Willig, 2001). Interpretation, or hermeneutics, is essential (Smith et al., 2009). Understanding is mediated by previous experience through a hermeneutic circle (Eatough & Smith, 2008), indicating a 'dynamic, non-linear, style of thinking' that conceptualises the part and the whole on multiple levels (Smith et al., 2009, p. 28). The researcher engages in a double hermeneutic process because they try to make sense of how the participant makes sense of their world (Smith & Eatough, 2007). IPA combines empathic and questioning hermeneutics (Smith & Osborn, 2008); trying to understand what it is like from the participant's view and what they are trying to achieve, what may be missing and what they seem unaware of. This engenders inter-subjective work as valued by CoP (BPS, 2005).

### 3.2.4. Idiography

IPA is concerned with idiographic phenomena, in contrast to most psychology that adopts a nomothetic approach (Smith et al., 2009). This illustrates a shift from the universal to the individual (Eatough & Smith, 2008), evident through in-depth analysis on small samples (Smith et al., 2009) including single cases. It embraces 'transferability' rather than generalisation (Hefferon & Gil-Rodriguez, 2011, p.758), recognising that the particular sheds light on the universal (Eatough & Smith, 2008). Idiographic methods address the subjective and interpersonal 'involvedness of human emotion, thought and action, and the messy chaotic aspects of human life' (Eatough & Smith, p. 183) that cannot be captured through quantitative analysis. This mirrors the primary aim of CoP to engage with individual subjectivity (BPS, 2005).

### 3.3. Design

A qualitative design that employed IPA for analysis of semi-structured interviews from a small, homogenous sample was undertaken.

*3.4. Recruitment*

*3.4.1. Screening Survey*

The literature review highlighted that self-selection can lead to a potential bias in outcomes because some journalists were not appraised of what trauma actually is (McMahon, 2001). To avoid this, all candidates were sent a screening survey (Appendix I) electronically to assess suitability to participate. It included a trauma exposure scale, demographic survey and three psychometric measures for anxiety, depression and PTSD.

*3.4.2. Materials*

The first page of the screening survey comprised a demographic questionnaire including the trauma exposure scale. It was custom-designed based on empirically validated findings (Foa et al., 1997); the scale comprised a list of potentially traumatic events for candidates to tick if they had personally experienced as part of news coverage, such as war, terrorism and sexual assault. Candidates were asked to estimate how many times they had experienced each event, and record the approximate date of their most recent exposure in each category. Demographic information gathered included: occupational role, professional status, journalist accreditation number and questions about psychotherapy and psychiatric diagnoses. The subsequent pages of the survey were populated by three psychometric measures: PHQ-9, GAD-7 and PCL-C. The PHQ-9 and GAD-7 were selected because they are reliable indicators of current depression and anxiety in adult populations as evidenced by their use in the IAPT Data Standard (IAPT, 2011). Both ask how often candidates have been bothered by nine or seven items, in the last two weeks. They are free, quick to complete and are screening, rather than diagnostic, tools. I was granted permission for use and electronic distribution by the authors. I consulted the National Center for PTSD in America regarding the suitability of the PCL-C. They confirmed it was appropriate, provided access to an electronic version and granted permission for use. It measures responses to non-specific stressful experiences over 17 items, is quick and easy to use and maps onto DSM-IV PTSD

criteria, which was the latest DSM at the point of data collection. It is recommended as a screening tool, for diagnosis and symptom monitoring (Weathers, 1993).

### 3.4.3. Inclusion and exclusion criteria

Candidates had to meet the following criteria to take part in an interview:

- Female gender
- Accredited journalist (minimum five years)
- Exposure to multiple potentially traumatic events as part of news coverage
- No exposure to a potentially traumatic event in the past six months
- No current PTSD diagnosis
- No evidence of severe anxiety, depression or elevated trauma symptoms
- Not currently engaged in psychotherapy

This purposive sampling is in line with IPA recommendations to create a homogenous sample (Smith & Osborn, 2008). Journalists' accreditation details were sought to verify credentials because the literature review indicated that some publicity officers and retired journalists were surveyed in 'journalist' samples potentially impacting the validity of findings (Newman et al., 2003).

### 3.4.4. Procedure

I initially sent an invitation letter (Appendix E), via email, to 20 news contacts; I subsequently approached The Frontline Club, the Rory Peck Foundation and the FPA to access freelancers. In accordance with snowballing (Ridley, 2008), this opened further pathways including advertising in the FPA and Women in Journalism electronic newsletters. I set up a twitter account, @media_psych, where my biography mentioned I was researching journalists and trauma. I networked at media industry events and asked panelists questions publicly to draw attention to my work.

This resulted in 11 candidates, however, screening surveys revealed six were unsuitable for interview; two scored highly on the PCL-C, reported significant recent personal traumas and were in therapy, one indicated severe anxiety on the GAD-7, two had recently returned from covering stories in conflict zones and one was based in Baghdad thus all three had covered potentially traumatic news stories within the last six months. These six were excluded to safeguard their well-being in case the interview triggered adverse psychological repercussions, which was not my intention. Further, two of the five candidates who met inclusion criteria were based abroad and I was uncertain whether using a mixed method of data collection might impact the validity of my findings. I posted a message in the IPA forum seeking advice about conducting telephone interviews with the overseas candidates and face-to-face interviews with the London based volunteers and received various opinions, with no consensus. I consulted Jonathan Smith and Elena Gil-Rodriguez (the London IPA representative at the time) regarding whether to include the two eligible overseas candidates. Both advised that the homogeneity of the sample could be compromised through the variance in methodology and that a small, rich sample would be preferable.

After discussion with my supervisor it was agreed that it would be preferable to have more than three participants if possible, but that the homogeneity of the sample was important, hence a second wave of recruitment was initiated and the overseas candidates were sent an international version of the debrief sheet via email (Appendix M). I asked the publishers of *No Woman's Land* (Storm & Williams, 2012) to send the invitation to the book's contributors. Subsequently, six more candidates self-nominated, only one was suitable for interview; two were based in conflict zones, one had recently returned from assignment in a civil war, one reported a former diagnosis of PTSD and scored highly on the PCL-C and one was no longer working as a journalist. This made me wonder if my criteria were too stringent because the journalists who were able to take part represented the minority of candidates. However, I consulted my supervisor and Director of Studies regarding whether four participants would be sufficient; both advised that if the data were rich this would be acceptable. Examination of the transcripts indicated further recruitment was unnecessary, as evidenced in the analysis section, Hefferon and Gil-Rodriquez (2011) have since reinforced this view in their guidance that a 'less is more' approach (p. 756) in IPA.

### 3.4.5. Participants

Table 2.1.

*Table of participants*

| Name | Age | Marital Status | Dependent children | Type of journalist | Counselling |
|------|-----|----------------|--------------------|--------------------|-------------|
| Lydia[2] | 45 | Married | One | Print and broadcast | Yes |
| Julia | 30 | Single | None | Broadcast | No |
| Sarah | 37 | Married | Two | Print | No |
| Hilary | 53 | Married | One | Print and broadcast | Yes |

Four female journalists, aged 30-53, met the inclusion criteria and took part in face-to-face interviews. All were London-based, with extensive news coverage experience in both print and broadcast journalism. All of the women were Northern European Caucasians, three were native English speakers and the other had an excellent command of the English language. Three were married with children, and one was single, without. All reported multiple exposures to potentially traumatic events as part of their work over many years, reporting 6-13 different types of events, from 31 to 'loads' of occasions. Half of the women had previously engaged with counselling, and half had not. Pseudonyms were used to protect confidentiality and anonymity (BPS, 2010).

### 3.5. Interviews

Participants were sent an information letter (Appendix H) and consent form (Appendix G) via email in line with guidelines for CoP research (BPS, 2005). Dates and locations for interviews were negotiated via email. They took place at London Metropolitan University, the FPA and hired meeting room facilities in Central London.

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[2] All names are pseudonyms to protect confidentiality and anonymity

### 3.5.1. Pilot Study

The first interview was carried out as a pilot to test the schedule (Appendix J) and administrative procedures (Barker et al., 1994) after which the survey was improved by re-formatting it into one Word document. The final interview questions 'Is there anything else you would like to add?' and 'How have you found today's interview?' provided interesting elaboration so I included them for the following interviews. The data from the pilot study was included in the analysis.

### 3.5.2. Schedule

The interview schedule (Appendix J) was agreed with my supervisor before use; it was semi-structured and populated with open questions and prompts, in line with IPA recommendations (Smith et al., 2009). It explored the lived experience of covering potentially traumatic stories; perceived support from supervisors and colleagues before, during and after exposure to a potentially traumatic event; availability and attitudes towards 'help-seeking' including psychotherapy.

### 3.5.3. Procedure

Appointments were booked for 1.5 hours allowing time for consent, interview and de-brief. Consent and the distress protocol (Appendix L) were discussed before each interview. Afterwards, participants were debriefed, with an opportunity to ask questions and discuss feelings. The verbal de-brief and letter (Appendix K) included signposting to supportive organisations. The interviews were audio-recorded on a Sony IC Digital Recorder. Each interview was downloaded and stored in password-protected files on my personal computer after completion. The recordings will be destroyed once the research process is complete.

### 3.5.4. Transcription

The recorded data was transcribed verbatim, including noises such as laughter permitting accurate interpretation of the interaction (Smith et al., 2009). Repeated

listening facilitated intimacy with the content and initial reflections on the process (Etherington, 2004). All names were removed to protect the anonymity of participants. The transcriptions were stored in password-protected files on my personal computer. A sample of line-numbered transcript has been included for reference (Appendix N).

### 3.6. Data analysis

I followed the data analysis strategy recommended for IPA (Smith & Eatough, 2007; Smith et al., 2009). Initial thoughts were noted in my reflective diary after each interview. The transcriptions were line coded and wide margins created for notes and observations. Each transcript was analysed one-by-one; I tried to bracket off the previous case analyses, in keeping with the idiographic approach (Willig, 2001). My initial thoughts were added to exploratory comments, or 'free textual analysis' (Smith & Eatough, 2007, p.46), in the right-hand margin as transcripts were re-read while listening to the audio-recordings. Three types of exploratory comment; descriptive (focused on content), linguistic (specific use of language) and conceptual (interrogative and interpretative) were noted (Smith et al., 2009). I denoted descriptive in normal text, linguistic in italics and conceptual comments by underlining (Appendix O).

I identified emergent themes from the exploratory comments (Smith et al., 2009), based on what I perceived the participants to be communicating. I tried to interpret through a psychological prism, thus the use of psychological constructs in the left-hand column. I considered the emergent themes in relation to my research question and categorised them in clusters of similar meanings by employing abstraction, subsumption and numeration (Smith et al. 2009). This involved discarding some themes and developing a hierarchy of super-ordinate and sub-themes for each case.  I created a table of themes for each participant, grouping all relevant extracts together, to check for internal consistency and accuracy (Appendix P). This iterative process was often messy with areas of overlap, which seemed confusing and over-whelming. However, this reflects the reality of subjective experiences that both IPA and CoP are interested in. Once all transcripts had been analysed, patterns across the cases emerged leading to the creation of a master table of themes. Validity was checked through recurrence amongst the

sample; super-ordinate themes were only presented as findings if they were evident in at least half of the sample, as advocated by Smith at al. (2009).

### 3.7. Ethical Considerations

This research was registered with, and approved by, London Metropolitan University School of Psychology Research Student Progress Group in August 2011 for the Professional Doctorate in Counselling Psychology (Appendix A & C). Ethical clearance in relation to this research was also sought (Appendix B) and approved by London Metropolitan University Psychology Department's Research Ethics Review Panel (Appendix D). The BPS Code of Ethics and Conduct (2009) and the Code of Human Research Ethics (2010) were considered and adhered to.

Transparency was prioritised in all communication and no attempts were made to be deceptive as to the purpose of the study. The Advert/ Invitation (Appendix E) specified that anyone either currently in therapy, with a PTSD diagnosis, exposure to a traumatic news story in the last six months or who scored above cut-off points in a screening survey would not be considered suitable to 'safeguard' their well-being and protect potential 'psychological vulnerability'. The screening survey (Appendix I) was intended to objectively identify difficulties with depression, anxiety and traumatic experiences to ward against the reported propensity for journalists to under-report adverse mental health repercussions (McMahon, 2001). Candidates who did not meet inclusion criteria were de-briefed via email with a personalised explanation (Appendix F) and list of resources including telephone numbers, websites and email addresses of relevant supportive organisations.

It was not anticipated that participants would be at any greater risk of psychological harm than in the course of their daily lives. All participants were provided with an Information Sheet (Appendix H) prior to meeting, which outlined the purpose of the study, why they were selected to take part and the voluntary nature of participation i.e. they could withdraw from the study without explanation at any point (prior to data aggregation), they were not obliged to answer all of the questions, and the interview could be paused or terminated if required. It also explained that their well-being in the

interview would be 'carefully' monitored because talking about their experiences could be emotive and may be distressing. This was aided by a distress protocol specifically devised and developed for PTSD research (Appendix L) and the researcher's clinical experience. The Information Sheet highlighted that the interview would be audio-recorded and detailed how data would be kept anonymous and confidential in compliance with the Data Protection Act, 1998. It specified how long the participants needed to allow for the interview, including time for discussion before signing the attached Consent Form (Appendix G). This was designed to allow participants to be fully aware of what they were agreeing to, before formally consenting.

All participants were debriefed after the interviews and given a Debrief Letter (Appendix K), which contained relevant resources and an explanation as to why some of the questions had been asked, based on previous empirical findings. Contact details for the researcher and supervisor were made available on both the Information Sheet and Debrief Letter, inviting feedback, queries or complaints. This is in line with CoP research guidelines which stipulate that 'when personally sensitive information is disclosed, the practitioner has a responsibility to ensure that support and aftercare be made available to participants' (BPS, 2005, p. 6).

### 3.8. Validity

Yardley (2008) devised a framework for measuring the validity of qualitative research comprising four main components; sensitivity to context, commitment and rigour, coherence and transparency, impact and importance. She proposed that an important aspect of context is the 'existing relevant theoretical and empirical literature' (p. 247); which I believe is demonstrated by the literature review. My reflexivity evidences socio-cultural sensitivity and the analysis shows I did not impose my meaning on the participants' experiences by being willing to indicate alternative interpretations, complexities and inconsistencies. My commitment and rigour were demonstrated through the purposive sampling, reflexivity and efforts to protect participants' well-being through the screening survey and signposting to supportive agencies. I did not selectively pick data to suit my agenda as evidenced by transcript extracts, the table of themes and explanations of how I reached my conclusions, indicating good

transparency. There is coherence between the values of CoP, my epistemology, the research question, the methodology and the process of analysis as advocated by Yardley because the primacy of reflexivity and subjectivity in CoP can be explored through the idiographic approach of IPA. Yardley advocates research needs to be 'immediately useful for practitioners, policy makers, or the general community' (p. 250); the concluding recommendations outline how mental health practitioners can work effectively with journalists and media organisations can implement policy changes. Furthermore, as journalists have responsibility to communicate important information to the general public, their well-being and professional aptitude has a society-wide impact. Therefore, this study meets criteria for a valid qualitative investigation.

## 3.9. Methodological reflexivity

The wording on the screening survey was perhaps ambiguous and could have been clearer in places. For example, question eight asked candidates to tick whether they had 'personal experience of news coverage' of events such as imprisonment (Appendix E). This could have been construed as personal experience of being imprisoned covering a story or covering the imprisonment of somebody else as a story. Some candidates clarified whether their experience was personal or by proxy, however, clearer wording would have eliminated confusion. I later encountered the Journalist Trauma Exposure Scale (Pyevich et al., 2003) and realised it had good reliability (Dworznik, 2011). Had I been aware of this, I would have used it instead to enhance the validity of the screening survey.

In my attempts to protect the psychological well-being of the participants and conduct an ethically considered study, I may have inadvertently alienated my target audience. Out of 17 volunteers, only four were suitable to take part according to my inclusion criteria, indicating more interest in the topic than the number of participants suggests. It could be argued that the majority of candidates were fairly representative of female journalists who cover traumatic news stories, and that my requirements for low psychometric scores, no current therapy and lack of recent exposure were unrealistic. Further, the reported high levels of negative trauma symptoms which led to the exclusion of a number of candidates, suggests their experiences of trauma were

important to them and thus of interest to this study. Indeed, they may have volunteered to take part *because* of these experiences, despite the exclusion criteria, out of curiosity to what extent they had been impacted i.e. psychometrically. Further, this may have been viewed as an acceptable format in which to engage psychologically, if seeing a therapist was negatively perceived. A number of the candidates were based in hostile environments, recently returned from covering conflict or posted overseas. This indicates that the very nature of journalism is intricately bound with trauma exposure and thus hard to separate for research purposes. It could be suggested that the six-month no trauma exposure requirement, although psychologically protective, precluded the average working news journalist from the research. However, if a more flexible design had been adopted to include journalists based in conflict zones by conducting interviews on Skype, not only would ethical considerations have been raised regarding how to safeguard their psychological well-being, but the homogeneity of the sample would have been compromised. Therefore, with the resources available, I felt it was prudent to prioritise the mental health of the participants in this study.

As a former news producer, I am experienced in interviewing with the added pressure of lighting and a camera crew. Therefore I did not approach the interviews with trepidation. I aimed to be a 'naïve but curious listener' (Smith et al., 2009, p. 64) and was conscious of not leading participants. In the first interview I noticed I became silent as soon as I had asked the first question, I gave non-verbal cues such as smiling and nodding; I had slipped into journalist-mode where the aim is not to be heard between questions to avoid interference with the final edit. While this left space for the participant to explore her experiences it was potentially lacking in empathy. I tried to modify my responses throughout subsequent interviews. During the interviews, I became aware there was a fine line between the research and therapeutic role. I was careful not to interpret although I summarised to check clarity; this is a therapeutic technique; however, this was not my intention. Some participants sought therapeutic responses to their disclosures, I was unsure how to respond but felt it essential to practice best care so I engaged in brief psycho-education. This will be considered in more detail later; however, the semi-structured interview schedule permitted flexibility to respond to the subjective needs of each participant. There were parallels between my experiences and the participants' that I did not disclose during the interviews because I did not want to inhibit their natural expression (Smith et al., 2009). Nonetheless, I did

disclose some relevant experiences during debriefing; I noticed that I did this more with participants who were closer to my age, with similar experiences, highlighting the inter-subjective nature of the data gathering process.

# Chapter Four: Results and Analysis

Analysis of the transcripts revealed a range of findings regarding the female journalists' lived experiences of covering traumatic news stories and the impact this had on their personal and professional lives. The volume of data necessitated a focus that was pertinent to the research question; this facilitated exploration of previously unconsidered aspects, resulting in original findings that it is hoped will fill in some of the previously identified gaps. The data is organised into three main categories, or superordinate themes, with corresponding sub-themes; psychological responses to covering traumatic news stories, perception of support related to traumatic coverage and attitudes towards counselling (Table 2.1.). In this section each theme is explored, analysed and interpreted in detail. Verbatim extracts from the transcripts are presented to illustrate the interpretative analysis and pseudonyms are used to ensure confidentiality and anonymity.

Table 3.1.

*Table of themes*

| Superordinate themes | Subthemes | Illustrative Quote |
|---|---|---|
| Psychological responses to covering traumatic news stories | Post-traumatic responses | *'I could obviously tell from the reaction of the other shoppers that they couldn't see any Taliban walking down the aisle but I could'*<br>*Hilary, 13, 442-443* |
| | Lack of psychological mindedness | *'you weren't even there, you know, how can you be in tears over it and I thought what a ridiculous creature'*<br>*Lydia, 25, 962-963* |
| | Feeling of positive gains | *'you remember how lucky you are compared to a lot of other people'*<br>*Sarah, 13, 525* |
| | | *'* |

| Perception of support related to traumatic coverage | Professional support: Practical vs. emotional | *'in terms of the psychological impact or the emotional impact of reporting in these places, zero I mean zero help really or support, I would say. I mean there's a kind of, erm...er ...what would you call it, sort of lip service'*<br>Lydia, 9, 358-359 |
|---|---|---|
| | Macho work culture | *'it's a very competitive, very macho, very male dominated world and even the women who are the managers in it generally don't have kids, generally are quite tough kind of honorary men types'*<br>Lydia, 16, 570-573 |
| | Romantic relationship: 'Helpful' vs. 'jealous' | *'you can't sustain that you can't keep those, that heightened sense of emotion for a long period of time'*<br>Julia, 26, 744-745 |
| Attitudes towards counselling | Misconceptions about counselling | *'somebody coming up with a hoover and sweeping up all that crap that falls out from these events and then ...er...it's gone and you just carry on.'*<br>Hilary, 10, 328-329 |
| | Dissatisfaction with workplace counselling | *'there's a telephone counsellor you can call which I didn't think was great because you can't really have a proper discussion'*<br>Julia, 16, 454-455 |
| | Changing attitudes towards counselling | *'it became more acceptable and not taboo to be counselled'*<br>Hilary, 10, 335-336 |

***4.1. Superordinate Theme One: Psychological responses to covering traumatic news stories***

The first superordinate theme covers the psychological responses evident in the participants' narratives when talking about their lived experiences of before, during and after covering traumatic news stories. Their descriptions included typically posttraumatic responses; however, they seemed largely unaware they were describing psychological phenomena, indicating a lack of psychological mindedness. In addition to adverse psychological responses, positive gains were perceived in relation to challenging and potentially traumatic news coverage.

***4.1.1. Post-traumatic responses***

All of the participants described post-traumatic responses to news stories they covered, including flashbacks, avoidance, anger, anxiety, guilt, shame, stress and distress. The majority described negative sensory associations with aspects of coverage, illustrated by Lydia's adverse reaction to pink rubber gloves following the Boxing Day Tsunami:

> *...they were still pulling out bits of rotting corpses from the marshes and I remember they had these, erm, the Sea Tigers were doing it who were like the rebels who dealt with the naval wing who were unbelievably tough in every possible way – I mean they were legendary for that – and they were breaking down and collapsing [...]they were doing the body clearance with pink rubber gloves, like ridiculous washing up gloves, you know, pink and it was kind of unmanly, it was strange and for a long time if I saw pink washing up gloves, I couldn't, you know, see them ...I didn't want to have them on me. I would never buy pink, I still wouldn't.*
>
> *Lydia, 13, 457-469*

Lydia witnessed the body clearance, however, she did not express any feelings about it, maybe because she had been trained to be unemotional when reporting on disasters. Her description of the Tigers 'breaking down' despite being 'unbelievably tough', may have mirrored how she felt, but was unable to express. Their 'legendary' reputation

contrasted with the 'unmanly' pink washing-up gloves. It could be suggested that these traditionally have connotations of domesticity and femininity, associated with a nurturing, life-protective role, rather than moving dead bodies. Lydia repeated 'pink' four times, denoting that the colour struck her, maybe because pink gloves tend to be marketed at female consumers to protect hands and nails. This incongruence perhaps prompted Lydia to describe the scenario as 'strange' and the gloves as 'ridiculous'. She reported that 'for a long time', she couldn't 'see' pink washing up gloves, which is a misuse of the verb, because it is not volitional, however, this indicates that she avoided contact with them as reminders of the traumatic scene. Her clarification that she 'didn't want' to wear them and 'would never' buy them illustrated that these inanimate objects became imbued with a significance related to death and destruction which remained long after she finished covering the story.

Julia talked about having an involuntary physical response due to a sensory association formed covering the earthquake in Haiti:

> *I remember being at my Dad's house and er opening the fridge and he had this cheese, French cheese, Reblochon, and I just remember feeling physically sick because the smell of Reblochon is the same as what a dead person smells like when they've been cooking in the sun for 10 days and I just remember thinking urgh but it was all quite a physical reaction [...] it's like kind of being back in the place where you smelt that smell before*

> *Julia, 6, 143-158*

This occurred in a domestic setting, where it could be assumed Julia felt safe. She described feeling 'physically sick' at the smell of the cheese; which acted as a trigger, reminding her of bodies buried under the rubble. Her macabre culinary metaphor, of a 'dead person…*cooking* in the sun', was perhaps an unconscious link to the cheese in a domestic setting, revealing an incongruence where death and destruction intruded into domestic life in an irrevocable way, as seen with Lydia. Julia commented that this smell took her back to Haiti, indicative of a flashback where a traumatic memory is relived by a sensory stimulus trigger.

This was not the only time Julia experienced involuntary physiological responses:

*when earthquakes start happening I just get this sense of not being in control and this overwhelming fear. The only other time I feel that is when I'm on an aeroplane and we're taking off and landing, but I take Valium on aeroplanes so I eliminate that fear. Erm and it's just this overwhelming fear of not being able to think of anything else other than the fear [...] I get quite shaky and feel a bit sick. Because I did notice when I got back from Haiti and Japan if I'm in a building where a tube goes underneath and it shakes, I get that feeling as well*

*Julia, 5, 115-129*

Her description of feeling 'a bit sick' and 'quite shaky' sounded as though she was re-living an earthquake via the sensations of the underground train. This indicates an involuntary sensory response to trauma-related stimuli, much like a flashback. Being in control seemed important for her, emphasised by her repetition of being 'overwhelmed' by fear. Her attempts to 'eliminate' fear with Valium seemed like an aggressive attack on her adversary, fear. The irony, however, was that although she self-medicated, and thus felt more in control; the Valium numbed her senses and decreased her actual control. Incidentally, Sarah also disclosed a chronic fear of flying, describing flying into Baghdad during the last Gulf War as the time in her life she felt 'most scared' (10, 359). Personally I could relate to this, I became increasingly anxious about flying when I worked as a news producer in the Middle East, due to heightened terror threats and escalating extremism. I often felt overwhelmed by physical sensations such as nausea, dizziness and palpitations while flying, and noticed that I began to avoid planes where possible. This had personal and professional consequences and was one of the motivating factors that caused me to reflect on my life choices, ultimately leading to a career change. Therefore I was curious about the participants' experiences, and perhaps reassured that I had not been alone with this fear.

Lydia also described overwhelming physiological responses after conducting traumatic interviews:

*I remember sometimes just, you know, feeling incredibly cold and I don't think it was just that it was cold [laughs], I think it was the sort of ...the emotionally*

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*draining kind of ...the horror actually of what I heard and, erm, very tired and you know, almost having to lie down in bed afterwards, it was that kind of horrific, some of it.*

<div align="right">*Lydia, 4, 123-127*</div>

Lydia's laugh, use of 'kind of', 'you know', 'sort of' and 'erm' leave the impression that she was not entirely comfortable talking about the physical repercussions of interviewing people because her narrative did not flow fluidly. Perhaps this seemed like an admission of weakness; her physiological responses may have taken her by surprise despite most likely being the result of adrenaline subsiding post-traumatic exposure. Her repetition of 'horror' and 'horrific' in quick succession indicated that although she did not witness the events, she seemed to have a secondary traumatic response to her interviewees' accounts, perhaps not unlike that which a therapist may experience on hearing clients' traumatic experiences. However, the difference is that therapists are trained for this type of encounter and engage with supervision, and frequently personal therapy, to emotionally process such experiences, whereas Lydia does not seem aware this is what has happened to her.

Like both Lydia and Julia, Hilary was re-visited by a past traumatic experience in an everyday setting; the supermarket:

*it just came from no... absolutely nowhere but it was the most bizarre thing because at first I thought that it was maybe an in-store promotion [laughs] and ... you know...God knows what the Taliban are going to promote in Tesco's and when I went round again and saw them again and ...er ... I just thought Jesus Christ...and sort of pulled my trolley back again. I knew what I had seen, my brain's telling me this is crap, it's irrational, they do not exist, I could obviously tell from the reaction of the other shoppers that they couldn't see any Taliban walking down the aisle but I could [laughing] and it was ...er ...I don't know why that ...er... that happened.*

<div align="right">*Hilary, 13, 435-443*</div>

The incongruence of the Taliban in Tesco's was perhaps why she laughed and ridiculed her first thought by saying 'God knows'. She hesitated frequently, possibly because she

was worried that her description might sound unbelievable. Her exclamation of 'Jesus Christ' provided insight into her shock at seeing this apparition and her confusion was evident in the frequent use of 'er' as she tried to communicate what had happened to her. She may have laughed a second time to conceal her embarrassment at having this 'bizarre' experience. She seemed unaware that she was describing a flashback indicating a lack of psycho-education as to how trauma manifests. Conversely, Sarah stands out amongst the participants for not talking about lasting negative sensory associations or intrusions. She did however, comment on her Gaza coverage saying: 'I can still see these people before me now' (*17, 628)* indicating that her memories remained vivid.

Despite not realising she had experienced a flashback in Tesco's, Hilary recognised she was emotionally vulnerable to festive triggers after the Lockerbie bombing:

> *it was around Christmas time I think it was about the 21st, 22nd of December and that wrecked every Christmas for about 10, 12 years after that, maybe even longer and I would get very emotional when I would hear carols because it just meant that... erm ...it all came flooding back*
>
> *Hilary, 3, 76-80*

Her description of Christmas being 'wrecked' was destructive and not dissimilar to the actual wreckage of the plane. It seemed that the carols acted as a trigger for her emotions and memories to come 'flooding back'; suggesting they returned unbidden, engulfing her and threatening her existence. Later, she described being at the Christmas table with her family:

> *I wanted to scream and shout at ... at the Christmas table every bloody year, thinking ... you know, can we not just have a little bit of silence or just some thought for the people of Lockerbie or, you know, and ...erm...they didn't know what I was feeling because I ... I just didn't feel able to tell them and ...I mean I come from a very sort of strong working class background where you don't talk about things, it's just pull yourself together [laugh].*
>
> *Hilary, 15, 535-539*

This extract illustrated that although she 'wanted to scream and shout', she did not. Neither did she tell her family how she was feeling, indicating that she felt emotionally isolated, perhaps their socio-cultural norms prevented her from confiding how she felt. Her laugh maybe suggested that she disagreed with their outlook and might have been disparaging. Her use of 'bloody' underscored her exasperation, emphasising her anger and frustration.

Julia and Lydia also described post-traumatic anger and seemed to direct it towards those close to them; Julia talked about going 'ballistic' at her brother in a domestic disagreement (27, 781) when she returned from covering the earthquake in Japan. It was an interesting choice of word considering that she covered conflict zones for work. Lydia recalled:

> *I guess kind of shorter temper, you know, less tolerant of, er, my child, for example, being very kind of spoilt or silly, you know, there was a kind of part of me that knew that, you know, that wanted to say, look I've just been interviewing people whose children have kind of lost half their body weight in five months and went through hell and didn't say a word and you're fussing because you haven't got, I don't know this expensive box of chocolates sometimes, you know, [laughs] so there was a bit of kind of, erm, I don't know, maybe it's intolerance, maybe it's a re-adjustment of values*
>
> *Lydia, 5, 140-148*

Her anger seemed connected to the plight of children she encountered through interviewing their parents, suggesting she may have felt guilty that she could give her son a luxury item, hence her annoyance when he acted 'spoilt'. Her laugh seemed at odds with what she described, possibly because she felt confused about feeling angry when he had not done anything wrong. Sarah identified a wider–reaching irritation, perhaps similar to what Lydia described as a 're-adjustment of values' after coverage:

> *I get more annoyed with people that are not interested in or are too interested in tiny little stupid details in our everyday life here like if the kids in our schools have an up to date playground [laughs] or... you know, sometimes I just can't*

Her reference to the leisure and educational facilities of her children as 'tiny, little, stupid details' indicated that she considered there were much more important things in the world. Perhaps her irritation is similar to Hilary's when she felt emotionally isolated, unable to communicate and hence became frustrated. Personally, I could relate to this frustration and disinterest in everyday life. I remember feeling incredulous and bored in equal measure at a dinner party as my companions talked enthusiastically about the latest episode of Big Brother days after I had returned home from assignment in Israel and the Palestinian Territories. I remained silent at the table, but seethed inside because the conversation seemed so irrelevant to the world I had recently inhabited. Reflecting on this, I realise I subsequently tended to isolate myself until I felt newly absorbed into home life and free from the anger of injustice.

Some of the irritation described could be related to underlying feelings of shame; most of the participants were explicit about feeling guilty for being different to the local people whose stories they were covering and being able to leave the coverage areas. Julia talked about how supplies were limited in the aftermath of the Haiti earthquake;

*I remember thinking 'there are people on the streets of Haiti who have got no water and whenever we go out the one thing they're asking us for is water and we'll give them bottles but you can't hand out loads of water because that's not our job to do and we have to conserve our water but here I am washing myself in water that people need', which was a reality check. It didn't stop me having a shower but that was erm, there is that kind of sense of guilt*

*Julia, 3, 57-63*

She slipped into the present tense as she recalled her thought process at the time, as if she was justifying her actions, perhaps indicating a greater sense of guilt than her matter of fact description portrayed. This was further illustrated when she said 'there *is* that sense of guilt' after she had returned to a retrospective description, suggesting that it had not dissipated. She also berated herself as 'selfish' for worrying about her own

safety instead of others (3, 38) indicating that she felt uncomfortable with the privilege that not being a local person, afforded her. She seemed to have a moral dilemma; *wanting* to give her water to locals but *knowing* her job was to report on the story, not hand out humanitarian aid. Hilary, on the other hand, described intense shame after Lockerbie:

> *no-one was allowed into the main area of devastation but because it was chaotic ...erm ...I went round the back and was able to scramble in through some gardens and get into to actually see the main area of devastation where three homes had been vapourised, you know the bricks, everything just vanished in ...and ...in this ...erm ...burn up of the aviation fuel and it was only the next day that I realised that I had been scrambling over dead bodies and ...er... that was something that I couldn't talk about to anybody for many years because of ...erm...the guilt and the stigma and ...[...] you know there's some lines which shouldn't be crossed and ...er...and I just ...it ...er...I was...thought...erm...if I'd known, if I could have seen, because it was just pitch black... erm...I...I wouldn't have done it.*
>
> <div align="right">*Hilary, 4, 105-116*</div>

Her repetition of 'devastation' and use of 'chaotic', coupled with her repeated use of 'scramble', indicated that she was reacting without forethought trying to get the best story possible. Her pauses, hesitations and 'er/erm' suggest that she was finding it challenging to articulate her feelings and admit to what she had done. Her regret was palpable in 'if I'd known, if I could have seen'. The fact that she did not speak about this for many years indicates the depth of her shame.

Most of the participants reported more intense trauma responses when they knew the people involved in the incidents, or had a personal connection to the location. For example, Julia lived in Japan when she was younger and experienced coverage of the Tsunami as more traumatic than other stories:

*because I know Japan so well it kind of felt like it was happening, like if it happened here, it was part of where I'm from and part of my heritage and it had been destroyed and that was quite traumatic.*

<div align="right">

*Julia, 8, 189-192*

</div>

It seemed like she had attached her identity to Japan's so its destruction had a greater impact on her, as if it was happening 'here', in her home country. I had a similar experience covering the 7/7 bombings in London; I found it difficult to emotionally detach because they happened in the city that I loved and lived in. Lydia also reported that she felt more distressed when covering the Boxing Day Tsunami because she knew the places and people involved:

*I knew those places quite well and a lot of people had ...I knew the history of those people so I'd knew that they'd moved back to the coast very recently because of the peace process and otherwise they would have been quite safe and I knew some of them quite personally.  I'd done profile stories on individual families, you know, I was quite worried to know what happened to them and also I knew that on the beach they lived in these kind of like straw, kind of thatched ridiculous...I mean you can't even call it a house, huts and those were completely wiped clean so if you're a newcomer coming to that area you wouldn't know the destruction, you know, it wasn't ...because they weren't cement buildings but if you've been there before you knew how there were people settled there and that was quite sort of distressing.*

<div align="right">

*Lydia, 13, 472-482*

</div>

Her repetition of 'knew' emphasised that her prior knowledge was an important aspect of how she felt. However, she downplayed her distress by saying that she was 'quite worried' and found it 'quite sort of distressing', this may be because she was not in the habit of talking about how coverage emotionally impacted her. Her distress was enhanced by the knowledge that had she still been posted to Sri Lanka, she would have been on the beach at the moment the Tsunami struck:

*it was quite distressing to think it could well have been me there with my kid and
I could have lost him and my own life and, erm, yeah when I came back it was
very distressing*

<div align="right">*Lydia, 14, 502-505*</div>

She moved from 'quite' to 'very' distressing after verbalising her fear that she and her
son could have died, indicating that she was no longer attempting to downplay her
emotions. Not only was there ample evidence that this sample experienced post-
traumatic responses, despite all scoring below cut-off points for PTSD on the PCL, but
their reactions were enhanced when paired with personal connections to the trauma,
indicating that the emotional detachment cited by all of them as a job requirement was
not possible to maintain.

### 4.1.2. Lack of psychological mindedness

All of the participants displayed limited psychological mindedness about their
experiences and a lack of understanding as to how psychological difficulties manifest,
in themselves and others.  This is illustrated by Hilary's confusion about seeing the
Taliban in Tesco's:

*I couldn't blame alcohol on ...and I don't ...erm...I've never taken medication if
... but I'm on HRT now ...erm ...and Thyroxine but I ...erm...there's just no
logical reason why I had this...this vision.*

<div align="right">*Hilary, 13, 449-451*</div>

Hilary's pauses, use of 'erm' and listing of substances that could have impaired her
judgement indicate how perplexed she felt because she was at a loss to find a 'logical'
explanation. It seems far-fetched that hormonal treatment could have resulted in a vision
of the Taliban, however, Hilary verbalised this rather than the possibility of a
psychological manifestation, demonstrating how unthinkable a psychological response
was for her, even retrospectively, and how uneducated she was about how trauma
works. As an intelligent woman, it seems unlikely that she had not encountered
flashbacks before, even in a film or television series. However, this did not appear to

have permeated her consciousness. This may be indicative of effective defense mechanisms, or denial. Lydia also revealed a lack of understanding regarding trauma responses in relation to people she had interviewed:

> *I felt confused as to why they were so kind of dead emotionally, erm, this man who cried, his wife was exactly the opposite. She was ..she talked about rape, murder as if she was talking about the weather, it was bizarre.*
>
> *Lydia, 7, 224-227*

Her use of 'confused' illustrates that she did not understand how trauma impacts different people in seemingly contradictory ways. Her description of the wife being 'dead emotionally' sounded like dissociation; perhaps she was too traumatised to express appropriate emotions related to her experience; her metaphor for describing rape and murder like 'talking about the weather' indicated she found her delivery matter of fact, as though it was an everyday thing. She did not seem able to assimilate this and referred to it as 'bizarre', conversely, she commented earlier that she 'didn't understand why' the man had cried (6, 207) which makes one wonder how she expected interviewees to be as they talked about traumatic incidents. This displays a lack of psychological awareness; she seemed genuinely confused by her interviewees' responses indicating a lack of psycho-education.

Sarah described being more in control of her emotions than was actually likely; she claimed she did not 'allow' herself to 'feel that much about myself' (4, 126) when she was in Gaza. The notion that it is possible to permit feelings seems flawed because they arise naturally in response to people and situations. She later claimed she 'would not have let it pop up' (9, 340) in reference to a recurring disturbing dream that started a month before she left Gaza. The belief that she controlled her subconscious seems misplaced and indicates a lack of psycho-education regarding how the mind works. This is reminiscent of Julia's attempt to 'eliminate' fear (5, 118) by taking Valium, which revealed a lack of understanding regarding the psychological mechanisms of anxiety. This mirrors my own lack of comprehension about the anxiety that I started to experience when flying; I did not make the connection between my physical reactions and emotional state until an older, wiser family member did. Therefore, it may be that despite being very intelligent, well-educated, professional women, a combination of

journalism training, which teaches emotional detachment, and a lack of psycho-education has led them to believe they can control whether to feel and that logic should explain everything.

Some of the participants' lack of psychological awareness extended to their colleagues. Julia expressed stigmatised and un-empathic attitudes towards colleagues' mental health difficulties, using the terms 'odd' (26, 800), 'mental' (30, 850) and 'not mentally right' (19, 538). She talked about one colleague flippantly:

> *who is from what I hear a fantasist, but he woke up and had a nervous*
> *breakdown.  He'd just been going from war zone to war zone to war zone and*
> *just not really thinking about what he was doing or what effect it was having on*
> *him and then he woke up one morning and had a nervous breakdown*
>
> *Julia, 19, 530 – 534*

She took on quite a gossipy tone by saying 'from what I hear' indicating that this colleague had been the focus of unsympathetic office talk. Perhaps others calling him a 'fantasist' permitted her to take a disparaging attitude towards him; her repetition of 'he woke up and had a nervous breakdown' seemed like a glib, unfeeling summary of what was a disturbing moment in his life. Her repetitive string of 'war zone to war zone' gave a sense of how blasé she was about covering wars, which is perhaps why he was not afforded any sympathy because she had dehumanised the story. There also appeared to be a degree of blame directed towards him for 'not really thinking' about what he was doing, reinforcing the notion that people have control of their mental health responses. This provides insight into a work culture that neither understands, nor empathises with mental health difficulties.

Lydia was also critical about colleagues' trauma responses, especially if they had not witnessed events firsthand:

> *he came to edit the piece with us and obviously he had to listen to all the*
> *interviews and watch all the footage but he was in tears over it and I just*
> *thought bloody hell you weren't even there, you know, how can you be in tears*
> *over it and I thought what a ridiculous creature*

She seems to feel quite strongly that this man should not have had such an overt emotional response, exemplified by her exasperated exclamation 'bloody hell you weren't even there'. By recounting her thought at the time, she slipped into a direct address, saying 'you', indicating the authenticity of her feelings. Her description of him as a 'ridiculous creature' was belittling; her negative response may have been a reflection of how uncomfortable she was with the expression of feelings indicating she considered their display a sign of weakness. She later derided desk-based staff that had reported trauma responses as 'ridiculous' (25, 968) because they had not been on location either. It seems ironic that she was so unsympathetic to the possibility of secondary traumatisation in others because she spent a large part of her interview talking about the personal impact of conducting interviews and lamenting the inadequate response of her employers to her own trauma responses. It may be that this bitterness was a result of so many years inculcated in an unsympathetic work culture or because she had felt like crying but had not, for fear of how others would react, thus she condemned those who could not contain their emotions, as she had.

She did, however, contradict this in relation to local staff that worked as her translators:

> *I've been conscious with some of the people who've worked for me that ...that, you know, that you have to kind of ...particularly local people who its very much in their direct language and I think some of these things when you hear these interviews in a language you understand, it's much worse, and that they are ...they have to talk about what they hear because it's really all personally touching for them and, you know, I mean I try and talk to them about it afterwards*

This indicated a greater level of compassion for people she employed, possibly she considered their welfare her responsibility and was more sensitive to their needs. Her repetition of 'language' suggested that she felt the linguistic aspect was important, and that they were perhaps entitled to be 'touched' because it was personally meaningful for them. She seemed unsure how to help her staff, illustrated by her hesitant use of 'you

know', 'I mean' and 'try'. However, she recognised for them, if not herself and desk-based colleagues, that talking could be beneficial. Sarah mentioned that as her career progresses she will be responsible for sending people into hostile environments on assignment and hoped the findings of this research would be 'useful' to 'help before and after' (18, 670-671) indicating a desire to support colleagues under her management. Hilary also described providing an opportunity for a younger colleague to debrief after covering a gruesome court case:

> *I said, "you've had to sit through some of the worst things that anybody would ever have to sit through and you're acting as a filter to stop all the really bad stuff coming out but all the sensational, you know, and I'm just wondering how you're coping" and he said, "you know that is so kind of you to think of this" and he said "it is affecting me and it is quite difficult" and I said "well there's no shame in asking for help and you know if you need a counsellor" because I recognised you can't be in this ...erm...vacuum and just get this undiluted filth being, you know, sitting there and ...er...and it not having an impact and he you know was really grateful*
>
> *Hilary, 10, 343-349*

Despite Hilary not recognising her own trauma symptoms, she was sensitive to how her junior colleague may be feeling; her use of 'wondering' was akin to the type of question a therapist might ask because it was curious and open. It seemed she was trying to convince him that it was ok to seek help by saying 'there is no shame', indicating that the prevailing attitude in the workplace may have stigmatised seeing a counsellor. He seemed receptive to her support, due to the positive feedback she reported in direct speech to authenticate his response. His response suggested that he had not anticipated her compassion on a professional level, but experienced it as an act of kindness, indicating that this type of consideration was uncommon in the workplace. This indicates that as managers, these women, appear more psychologically minded than those who have managed them.

### 4.1.3. Feeling of positive gains

All of the participants reported feelings of personal and professional positive gain as a result of covering traumatic new stories. Hilary described feeling 'exhilarated' (4, 122) because she arrived at the crash site in Lockerbie ahead of other journalists:

> *I was really on a high for getting the story, for being first, for getting the front page and the next day came crashing down with ...once the euphoria and the buzz had gone*
>
> *Hilary, 5, 134-136*

The terminology she used could have been talking about taking drugs; 'on a high', 'crashing down', 'euphoria' and 'buzz', this indicates there is an adrenaline rush associated with this type of coverage which could be addictive. She felt so happy because she had beaten the competition and her story had been published on the front page in recognition for her efforts. However, this seemed short-lived because she described feeling low the following day, once reality sunk in. It is perhaps ironic that the metaphorical emotional crash she described mirrored the actual plane crash. Sarah reported her experiences in Gaza had a retrospective positive emotional impact:

> *I think when you've been covering stuff like this then you do to an extent that a lot of other people just don't understand how lucky you are and just being born where you are and the chances you got in life [...] if there really is a problem then well at the end of the day remember [laugh]… you remember how lucky you are compared to a lot of other people.*
>
> *Sarah, 13, 519-525*

Her repetition of 'lucky' indicates that her outlook was positively impacted because she was aware how advantageous being born European was. Her laugh was perhaps in recognition of the trivial things Westerners stress about while her repetition of 'remember' indicated the long-lasting effect on her. Lydia echoed a similar sentiment commenting that her 'benchmark's quite off the scale in terms of suffering' (26, 974), however, she did not consider this as a positive attribute because she was concerned that her son was adversely affected as a consequence.

Hilary reported that her Lockerbie coverage significantly impacted her career, saying that she was put 'up on a pedestal' (15, 523):

> *I..I was treated with more respect by my colleagues and ...er ...and then as I say I won awards and it was ...erm...you know it was a good feeling, but in those quiet moments when I was on my own and reflecting ...erm..I looked back and it was ...er...erm...I looked back and it was, er...it was very traumatic and I wasn't prepared for it and I wasn't prepared for the legacy of it, and really the worst thing that the newspapers, because I worked for three different titles after that, the worst thing that they could have done was what they did which was, oh you're the Lockerbie expert go up there this December, so I wasn't [laughing] allowed to forget*
>
> *Hilary, 8, 263-270*

The awards and respect was a 'good feeling', however, her hesitation and frequent use of 'erm' revealed conflicting emotions, her pauses increased until she verbalised how 'traumatic' she had found the experience, after which she talked at a normal pace. This perhaps illustrates how taboo it was for her to admit to finding it difficult in 'quiet moments'. Her laugh was maybe ironic because the expert role deigned repeated trauma exposure. Julia described being feted by her company on return from Haiti:

> *we had a big party for everyone to say thank you for what we'd done and you know we won awards for what we did in Haiti and that makes it feel really worthwhile*
>
> *Julia, 18, 493-495*

The party and awards made it feel 'worthwhile' for Julia, perhaps engendering a sense of accomplishment. Her company also provided a few days 'R & R' after difficult coverage; she did this returning from Haiti:

> *I had this great buffer zone and I felt relaxed when I got home so it was almost like coming back from a holiday but not coming back from holiday*
>
> *Julia, 17, 485-487*

Her description of a 'buffer zone' gave the impression that she had space to decompress. She recognised that despite feeling 'relaxed' it was only 'almost' like coming back from a holiday, indicating that the 'R & R' was superficially successful.

Julia and Sarah identified stellar career trajectories, highlighting the professional gains associated with potentially traumatic coverage. Sarah was posted to Gaza early in her career and credited the experience with teaching her the skills of her trade:

> *I learnt my strength and I learnt to work under pressure and I learnt to ... so I guess that whole experience has… I just feel in a way that having done that there's not much I can't do [laughs].   And that's one of the things that my editors say to me as well.    They can ask me about anything really and I would say yeah I can probably do that [laughs].*
>
> <div align="right">Sarah, 14, 530-535</div>

Her repetition of 'learnt' highlighted that she came away with new skills; she believed she 'learnt' how to be strong, but perhaps she actually discovered how resilient she was. Her laugh after declaring there was not much she could not do was perhaps out of modesty, or slight embarrassment, because it was a significant claim revealing her professional confidence. Her second laugh may have reflected pride because she felt invincible. Julia also recognised that covering traumatic events as a young journalist had advanced her career, but perhaps not as she had wanted:

> *The problem now is I'm on the news desk and it's a lot harder being on the news desk because you're part of a roster and they can't just send you away um, so I guess I'm a victim of my own success as I'm not ready to just sit on a news desk and you know, whatever we do on the news desk, but just do that, if something happens I don't want to be sitting on the news desk calling people saying you should go away, I want to be the person getting the call saying I should go away.  So maybe it's had that effect that I've had so many good opportunities to go interesting places that now the sort of reward, but not really a reward for me, is that I'm quite senior but I'm quite young*
>
> <div align="right">Julia, 25, 701-710</div>

Her view of herself as a 'victim of my own success' indicated that although others might consider her to have reaped positive gains, she felt conflicted about these. She described her seniority as a 'sort of reward'; clarifying that it was 'not really a reward', highlighting that a desk-based role was not interesting for her. Her disparaging comment 'whatever we do on the news desk' insinuated that she devalued the role and would have preferred to be in the field. Indeed, her reference to 'good opportunities to go interesting places' made it clear that her over-riding feeling about these experiences was positive. Lydia echoed this by saying she had avoided a desk-based London job because she thought it would be 'boring' (19, 720). However, in contrast to the other participants, she did not report feeling rewarded or recognised:

> *I left [NAME OF BROADCAST ORGANISATION] without a thank you, or a goodbye party or being invited back or anything despite twenty years of, you know, messing about for them*
>
> *Lydia, 23, 881-883*

Her listing technique concluded with 'or anything' emphasised that nothing was done to reward her. Although she reported this in a matter of fact tone, her description of 'messing about for them' indicated how unappreciated she felt. This also belittled her work because 'messing about' is often used to describe childish behaviour. She did however, seem to derive satisfaction after becoming freelance because she 'wanted' to do it (7, 248).

All of the participants made it clear they had striven to cover the traumatic events discussed, beating off competition to be sent on the story; Lydia reported she 'begged' to cover the Tsunami (12, 432), Hilary said her 'immediate instinct' on 9/11 was to get a flight to New York (17, 603) and she volunteered to cover Lockerbie despite having finished her shift. Sarah commented about Gaza:

> *I had no problems going there I found it very important and interesting to go and cover these people's ...er...story*
>
> *Sarah, 3, 85-86*

Her use of 'important' and 'interesting' indicated the value she attached to her work perhaps explaining why she was motivated to repeatedly place herself in danger. This suggests that none of the participants were coerced into coverage but considered it a privilege. Indeed, there seemed to be a kudos attached to covering these types of stories; Julia reported that 'people' thought her job was 'glamorous' (21, 633) and she was introduced as being 'amazing' (24, 735) and Sarah said she thought people considered her stories as 'impressive or a cool thing to have done' (15, 556) and her parents were 'proud' (15, 547). My own experience backed this up, both in terms of competing for tough assignments and being aware that others perceived value in covering dangerous stories, so I fully related to what all of the participants described. This perhaps in part motivated me to undertake this research, the paradox of why news journalists run towards danger as fast as possible.

Most of the participants described philanthropy as a positive legacy from their experiences. Sarah stayed on in Gaza beyond her contracted time to work for a non-governmental organisation as a press officer and continued to work as a journalist, because she was 'really interested in the story' (6, 216). Hilary, sought an interview with the mastermind of the Lockerbie bombing:

> *I said "there were bodies scattered across the countryside", I said "you have no idea" and I was lecturing him [small laugh] and he just turned on me and he said "you have no idea" he said "for you this is something that happened one night, for us it happens every day we have to pick the babies out of the rubble, we have to ..." and so it was...I went away and I started to empathise with what he had to say and ...er...and that's when I really became interested in Middle East politics and the Palestinian / Israeli conflict*
>
> *Hilary, 8, 250-256*

It seemed she was motivated to get this interview to share how devastating the bomb had been for the victims; perhaps she was seeking justice, an apology or an explanation. Her laugh after saying she was 'lecturing him' was possibly because it turned out to be a futile exercise. His image of 'picking babies out of the rubble' was powerfully disturbing and perhaps revealed why she found his argument convincing. Her use of 'empathise' indicated that she became emotionally involved and was not able to remain

dispassionately professional. She seemed to re-frame her experiences and became interested in the wider story engendering personal and professional growth. Lydia also used her negative experiences positively:

> *I'm more inclined to want to help people in similar situations, so, you know, one of the things I want to do is help Sri Lankan journalists who are in exile, I have ... and give my time freely to do that because I can see that they're going through similar or worse problems of various kinds, so yeah that's one way of dealing with it isn't it - to help others*
>
> *Lydia, 21, 802-805*

She repeated 'help' three times emphasising her belief that she was making a positive contribution. She did not feel obliged to do this, as exemplified by repeating she 'wants' to do this and 'gives' her time 'freely'. She was perhaps at pains to highlight this in contrast to her perceived lack of help from her employers. Therefore all of the journalists perceived and experienced positive benefits, in the short and long term following traumatic coverage.

## 4.2. Superordinate Theme Two: Perception of support related to traumatic coverage

The second superordinate theme encompasses the journalists' perceptions of professional and personal support in relation to their coverage of potentially traumatic news stories. Professionally, practical support was in evidence, with less emphasis on psychological support. This was largely due to a reported macho work culture, which impacted their personal lives, particularly in terms of motherhood. The majority of the participants were in romantic relationships with other journalists, which, while perceived as helpful, introduced further complexity to their experiences of traumatic coverage.

### 4.2.1. Professional support: Practical vs. emotional

The participants' experiences of professional support varied based on their organisation type and job role, with discrepancies evident between broadcasters and newspapers. There was further variation because Sarah and Lydia lived in hostile environments on foreign postings, whereas Julia and Hilary covered stories and left once they were completed. Lydia, when talking about management support in hostile environments commented:

> *Well I lived in them [laughing] mostly so they didn't do much, erm, not much no.*
> *Nothing really.*
>
> *Lydia, 12, 430-431*

Her laugh might have been ironic because she did not feel supported, confirmed by her increasing negativity as she verbalised her experience. She described feeling unsupported when she was put on trial abroad:

> *why are you bothering us and, you know, it's all your fault – it's that kind of*
> *attitude.*
>
> *Lydia, 11, 398-399*

Her use of 'bothering' gave the impression that she felt a nuisance, perhaps like a small child or a fly. The 'its all your fault' attitude was not only unsupportive but critical too.

Sarah, a newspaper journalist, said she was 'not at all' prepared (7, 257) and described consulting colleagues who had been to Gaza:

> *about practical things, getting round, finding translators, to behaviour, check*
> *points, their main check point how to get in, it was a bit of useful knowledge*
>
> *Sarah, 8, 296-297*

Her listing style sounded like a 'to-do' list highlighting the practical nature of her preparation. This elucidated how newspaper journalists rely on colleagues' word of

mouth to prepare for this type of assignment, demonstrating cooperation juxtaposed with the competition already described. Hilary, also a newspaper journalist, declared:

> *Oh, I wasn't prepared at all. Not at... I mean nothing can prepare you for that.*
>
> *Hilary, 6, 182*

She was referring to the devastation of Lockerbie, and was perhaps about to emphasise her lack of preparation by saying 'not at all' before she tailed off, maybe she stopped herself because she believed that it would never have been possible to be adequately 'prepared' for such an event. She did, however, clarify that she felt 'equipped to do the job' but realised she was not 'equipped' for the 'fallout' (6, 196-7). Her repetition of 'equipped' perhaps reflected that she had the tools and training to cover the practical aspects of the story and felt confident in her professional capacity. However, the emotional consequences were perhaps what she meant by the 'fallout' because she later commented:

> *there was nothing in the trainee journalists manual to say what to do when all the madness stops and the by-lines gone and your story's been in the paper, what happens next.*
>
> *Hilary, 9, 310-312*

Her use of 'madness' was perhaps an unconscious reference to the psychological legacy of her experiences.

Julia and Lydia, as staff in large broadcast organisations, experienced institutional preparation for news coverage including hostile environment and riot training[3] and facilities such as bomb tape for windows and armed security guards. However, Julia did not experience this as particularly supportive:

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[3] Hostile environment training consists of education about weapons; body armour and survival skills, battlefield first aid and role-play with actors including hostage taking, robbery and mine field navigation. Variations include specialisms in chemical, biological and radiological (CBR) training where gas masks and CBR protective suits are worn with exposure to tear gas or riot training. This training is usually to secondary school vocational standard (BTEC equivalent) and takes place over the course of a week, led by ex-military personnel, who then often continue to consult for media organisations once in the field.

*Um, I think training wise, I'm not at all I don't think, I mean we have hostile environment training but that's very much focused towards battle first aid and stuff that if I ever have to use battle first aid, I feel really sorry for the person that's been injured because you know we're not properly trained in it so it just – and you're kidnapped and I don't think that really prepares you for anything because kidnapping is something to worry about but I don't think they're the things that when I go abroad that I'm really worried about. Sexual abuse is probably something as a woman that I'm more worried about than I am kidnap, which happens more to women than kidnapping does and we're not trained for that at all.*

<div align="right">*Julia, 13, 360-369*</div>

Julia's sarcasm about feeling sorry for whoever she might have to treat revealed how lacking she believed her skills were, indicating either the training was insufficient or a lack of confidence to implement what she had learnt. The blasé way she said 'you're kidnapped' indicated that she did not find the training challenging. I found this surprising because I was actually 'kidnapped' when I did my hostile environment training and found it very distressing, primarily because my colleagues did nothing to try and prevent it or release me, which I felt did not bode well for a real-life incident. In contrast, Julia dismissed it saying it did not prepare her for 'anything'. Her rapid delivery may have been because she was nervous in the interview or because the subject was unsettling. Her repetition of 'worry', 'really worried' and 'more worried' demonstrated that sexual abuse was a concern. She later commented that it was an 'inside joke that the only reason we do all that is for insurance' (14, 407) revealing a latent cynicism about the training. Lydia's attitude was similarly disparaging, describing hostile environment forms as a 'box ticking exercise' (18, 671) indicating they were not designed to actually help staff in the event of danger, commenting:

*they provided training and put bomb film all over my windows and they, you know, faffed about doing all that*

<div align="right">*Lydia, 11, 403-405*</div>

Her use of 'faffed about' implied that she did not find her organisation's attempts to make her feel secure adequate or timely; the inference was that they were indecisive and

ineffective. Therefore training and security measures were met with cynicism and perceived to be insufficient.

In contrast, Sarah, who had not had access to hostile environment training reported:

> *I just felt they had got some guidance of how to… where to go, where not to go, that I just didn't have and don't know where I would even go to get that to be honest.*
>
> <div align="right">*Sarah, 8, 283-284*</div>

It seems she felt at a disadvantage and thus isolated and unsupported in her work. She slipped into the present tense saying 'I don't know where' indicating that she still did not know how to access this training. She commented that if broadcast organisations came to Gaza:

> *they'd all have flak jackets, erm... helmets they would all be trained to know what was dangerous and what wasn't [laughs]*
>
> <div align="right">*Sarah, 3, 93-94*</div>

She seemed to believe their body armour and training gave them more security. Her laugh was perhaps ironic, as a defence mechanism, as she reflected on how her physical security had been compromised. She described how her editor deferred to her when she was travelling to Baghdad:

> *it's now not considered safe enough because of robberies on that road in to go by road.  So I [laughs] then went to my boss and said what shall I do, but she basically didn't say no you shouldn't go, she said it's up to you but we will pay if you want to go by air instead so I said okay I'll go by air and so I had to plan that*
>
> <div align="right">*Sarah, 10, 365-369*</div>

Perhaps her laugh was ironic because of the futility of asking her boss what to do; her response created the impression that she was not overly concerned about her welfare.

Sarah's experience of laissez-faire management was in stark contrast with Julia's description of her news desk:

*the news desk calling us every 5 minutes – 'cause it was like the fifth time they'd called us to evacuate*

*Julia, 9, 215-216*

Her repetition of '5 minutes' and 'fifth time' engendered a sense of mounting panic and pressure as the 'desk', referred to like an animate object, told them to evacuate due to the threat of nuclear radiation.

Despite the varying levels of managerial input into practical aspects of news coverage, all of the participants consistently reported a lack of emotional support from their superiors. Lydia stated:

*in terms of the psychological impact or the emotional impact of reporting in these places, zero I mean zero help really or support, I would say. I mean there's a kind of, erm...er ...what would you call it, sort of lip service*

*Lydia, 9, 358-359*

Her repetition of 'zero' in quick succession emphasised her view that she was not supported emotionally. Her reference to 'lip service' highlighted she did not perceive company support provisions as genuine. Julia elaborated why she believed media managers were experienced as unsupportive:

*managers in journalism are just people who have gone up the ranks so they're not particularly people-people. You know being a journalist; you choose to be a journalist because you're probably cynical and you like working on your own and you kind of think the worst of people sometimes so that doesn't naturally make a good manager*

*Julia, 19, 620-624*

Her description of them not being 'people-people' indicated she perceived them to be lacking in emotional intelligence, introducing the notion that there was a non-human, machine-like, aspect to them.

In the absence of emotional support from management, all of the participants mentioned support from their peers, in the form of camaraderie:

> *a few of us would get together and ...er...talk about Lockerbie and get drunk and then start laughing at, you know, real gallows humour, at horrible things and ...and as a way of ...and I don't know if they were feeling exactly the same as me and I certainly didn't feel able to pull anybody aside later to say like, "you know do you lie awake at night or have you discussed this"*
>
> *Hilary, 9, 305-310*

From Hilary's description it seems that drinking alcohol gave them permission to re-visit their traumatic experiences in a socially acceptable format. The incongruence between 'laughing' and 'horrible' illustrated that what they were laughing at was not actually funny, but it made them feel better to be able to laugh about it, like a coping mechanism. She was perhaps going to try and explain or justify this when she tailed off saying 'as a way of…'. Julia corroborated this saying that she felt 'supported' and 'valued' on a 'same colleague level' (19, 566):

> *it was all part of the culture is at the end of the evening you all have a drink and you all have a good time and you let off steam*
>
> *Julia, 28, 819-821*

The metaphor of 'letting off steam' indicated that drinking was perceived an effective way to reduce feeling pressure. Sarah referenced a 'foreign correspondent culture' (16, 591) in Gaza using the same metaphor:

> *There was a UN club there and it would be for all us foreigners I think a place to let off steam, not that we went mad there, but we did drink a lot and then kind of go more or less every night*
>
> *Sarah, 16, 585-587*

She explained they did not go 'mad there', which similar to Hilary may have been a subconscious indicator of the psychological disruption they were in fact experiencing. Lydia also reported that:

*everybody drank more there and it was a lot of stress too....erm...and there was nothing else much to do for fun, erm*

<div align="right">

*Lydia, 24, 907-908*

</div>

Perhaps because 'everybody' drank more it was socially acceptable in this context. She seemed to be justifying why she drank by linking it to 'stress' and limited social opportunities. My own experience matches that of the participants, drinking was an integral part of the work culture; whether the story covered had been traumatic or not, the day invariably ended in the pub. This offered an opportunity to unwind and process the experiences of the day in a safe environment. However, it also led to a greater consumption of alcohol than was perhaps healthy or wise. Unlike the others, Lydia did not generally find her colleagues emotionally supportive, describing them as 'hostile' (18, 683) and 'jealous' (23, 875). She did, however, report that one female colleague had shown her kindness when she started to cry at work related to a traumatic experience (18, 674). Therefore it would seem that professional support from management tended to be practical, if at all, perceived with a hefty dose of cynicism, while camaraderie, often related to alcohol consumption was experienced as professionally supportive amongst colleagues.

### 4.2.2. Macho work culture

All of the participants repeatedly described their work environments as 'macho' and 'male oriented'. This influenced their perceptions of how professionally supported they were. Sarah described the macho nature of work in hostile environments:

*I mean foreign desks [laughs] and places [laughs] where you are in war zones or countries where you live under some kind of stress I think are just normally quite macho places so you would more talk about [laughs] the... you might talk*

*about the hairy situations you get into but in, you know, probably more of a*

*bragging kind of way [laughs] than… if you'd suffer from that [laughs].*

<div align="right">

*Sarah, 11, 423-427*

</div>

Her repeated laughter, seemed at odds with what she was saying, she was possibly unconsciously playing out what would happen if someone tried to talk about emotions in the workplace i.e. they would not be taken seriously. It may have been a defense mechanism to protect her from her negative feelings. Her description of 'hairy situations' sounded almost childish, like from a comic book or adventure story, reflecting nonchalance towards danger. This was reinforced by it being more common to brag rather than acknowledge suffering. Hilary had a similar impression:

*you know it's all sort of stiff upper lip and pull yourself together and just, you*

*know, you do it for the glory of the story and ...er...you know, emotions, oh you*

*know, [laughs] don't come away with those*

<div align="right">

*Hilary, 11, 362-365*

</div>

She seemed to be repeating glib catch phrases she had heard at work, reflecting a stoical ethos where the 'glory' is not in expressing emotions. Her laugh was perhaps bitter because of how impossible it was not to have emotions.

Both Julia and Hilary described themselves as the 'only girl' (11, 318; 11, 361), on the news desk or on location. Julia did not attribute this to a lack of able female journalists, but instead to the fact that management 'automatically don't think' of sending a female (13, 345) indicating a culture where female journalists are overlooked. For her, the practicalities of working in a macho environment were problematic:

*sleep is a real issue I think and um there's a sort of macho culture of 'oh I*

*haven't slept for a week' and all this kind of stuff and I think that my news desk*

*especially would see not sleeping as part of the job*

<div align="right">

*Julia, 14, 413-415*

</div>

The bravado of not sleeping 'for a week' is reminiscent of the 'bragging' mentioned by Sarah. Julia seemed to experience a lack of sleep as a 'real issue', yet her bosses not

only sanctioned, but anticipated 'not sleeping' to get the story, emphasised by her use of 'especially', indicating they were unsympathetic. I completely related to being the 'only girl' because this was also my experience, as was the expectation that sleep was not necessary; the news never stops, and neither do the people who make it. With retrospect and in reflecting on Julia's comments, it is apparent how debilitating operating without sleep is, yet it would have seemed churlish to mention at the time.

Lydia opined how to survive in what she also perceived as a male dominated industry:

> *it's a very competitive, very macho, very male dominated world and even the women who are the managers in it generally don't have kids, generally are quite tough kind of honorary men types, erm, and you know, you wouldn't really want to come across as a sort of weeping woman, you know, weak and emotional and all the stereotypes that male chauvinists have about women. So you have to be tougher in every possible way, [laughs] you know you have to work harder, you can't say no, you have to, you know, not get upset about things, or not show that you get upset about things.*
>
> *Lydia, 16, 570 – 577*

Her triplicate use of 'very' at the outset emphasised *how* macho it was. Her repetition of 'generally' indicated she was not talking about a single incident but a general state of affairs. Her description of female managers suggested it was preferable to take on male characteristics in the workplace to avoid conforming to 'chauvinistic' stereotypes such as the 'weeping woman', again indicating that emotions were not acceptable at work. Her solution was to become 'tougher' and seemingly emotionally stronger than her male colleagues. Her laugh was perhaps slightly mocking at the impossibility of such a task. Her comment that the managers 'don't have kids' was perhaps significant because it highlighted that she considered they lacked empathy.

Most of the participants indicated that having children, or wanting to have them, changed the way they felt about their work. Lydia commented:

> *I think from the point when I had a child it was different because when I went to Sri Lanka my baby was three months old and I spent the first year ...I mean it*

*wasn't that bad the first year, well it was quite bad actually and I would go and*
*visit, you know, lawyers who dealt with torture victims and you know, they'd tell*
*me horrible stories and see people who were pretty traumatised I guess. It was*
*worse later on but still not bad the first year and, you know, go home and sort of*
*cuddle my baby and put him to sleep and wonder, you know, how anyone could*
*do that to another human being when you know, you've just kind of had one*
*yourself, given birth. It was quite ...you know, and they're very vulnerable when*
*they're three, four, five months old, tiny weeny ...and that was quite shocking in*
*a way so you look at it differently.*

*Lydia, 18, 687-697*

What is striking here is that Lydia did not seem overwhelmed by taking her three-month-old baby into a potentially hostile environment, yet it can be assumed this was a work obligation. My own lack of children at the time of interview meant I did not query what it must have been like for her to be working in such a setting with a 'tiny weeny' baby. Having had two since, I now appreciate how dedicated she must have been to her work to undertake this posting. She emphasised that her work during the child's first year was 'not that bad'; her perception of what was 'bad' was perhaps influenced by her experiences the following year, which she described as 'worse'. Although she seemed quite blasé about 'horrible stories' and 'torture victims', it contrasted starkly with 'cuddle my baby' and the baby-like talk of 'tiny weeny'. The incongruence between her work and home life was perhaps what led her to describe it as 'quite shocking'. Giving birth was an existential experience for her, following which she was not able to return to her old way of viewing the world, in essence, the vulnerability of humanity became painfully apparent to her. Sarah echoed Lydia's sentiment:

*I'm just quite sure I couldn't do this today having got kids now, I did a whole*
*series [laughs] about kids and quite journalistic, it was for the NGO, but it was*
*written as little interviews in like 10 ways that kids rights were violated [laughs]*
*in Gaza and some of them were injuries, some of it was the psychological*
*damage some of them were child labour, some of it was ...erm... death and*
*unlawful killings of children, interviewing their parents but I just ... having kids*
*now makes it quite difficult to imagine that I could talk to [laughs] these people*

> *about… I mean you just don't understand what the feelings of a parent is until*
> *you are one I think.*

<div align="right">

*Sarah, 14, 506-514*

</div>

Her laughs seemed incongruent with the serious nature of the subject; they might have been defensive, preventing her true feelings from emerging. She seemed to believe that having had children, she 'couldn't' do this type of coverage again and found it hard to even 'imagine' talking to parents. This was perhaps because she now overly-identified with them and felt unable to remain emotionally detached and thus professional, in her opinion.

Julia talked about wanting to have children and being uncertain whether it would be compatible with her career:

> *I think once you have children you have to fight really hard to stay at the same*
> *level, because if you go on maternity leave for 6 months and then come back*
> *there'll be some new young person who'll be doing your job and also I think*
> *that personally if I have kids I might not want to go to these places anymore*
> *because I'll have something that I want to stay behind for and my experiences in*
> *life will be about my children rather than going to exciting places and getting*
> *itchy feet and travelling*

<div align="right">

*Julia, 12, 306-312*

</div>

Julia predicted a 'fight' to go back to the same job after having a baby, reiterating the impression that the newsroom is a competitive environment and perhaps also mirroring hostilities covered as news. Maybe because she did not have a child her sentiment was less adamant than Sarah's, for her, it seemed to be a question of whether she would 'want' to go to a hostile environment with a child at home. She talked about women with children in her workplace having to 'fight very hard not to be sidelined' (11, 296) indicating there was not a supportive structure to assist women. Lydia referred to an 'institutional lack of support' (24, 892) for being a mother in her workplace, commenting that very few female reporters have children. She corroborated Julia's impression:

*women who I think were younger than me, who now have children but when I didn't before, would have been the first ones to have stabbed me in the back at the time and used it against me*

<div align="right">*Lydia, 23, 865-867*</div>

Her metaphor of being 'stabbed' in the back was vicious and indicative of an unsafe environment. Although I did not experience the back-stabbing aspect that Lydia described, I was not aware of female peers who had children; women generally did not return from maternity leave for any length of time due to the incompatibility of news work and looking after small children. The attitudes related to this were entrenched and archaic, for example, I was asked if I was planning to leave after I got married on the assumption that I would want to start a family soon thus I could relate to both Julia and Lydia's experiences. It seems that within this macho context emotions were not freely expressed and the women's quality of life was negatively impacted. Furthermore, they did not perceive support from their managers or colleagues in relation to motherhood.

### 4.2.3. Romantic support: 'Helpful' vs. 'jealous'

All of the participants were currently, or previously in romantic relationships with men who were exposed to trauma professionally on a regular basis. The majority was in long-term relationships with other journalists, which was generally perceived as helpful:

*I think in a way that might have helped both me and [partner's name] over the years because we have had these experiences, we have talked a lot about them. We have talked about safety a lot and we've talked about those protestors that died and all those things… I have not discussed it at work but I have discussed it a lot with him, maybe not so much from a psychological point of view but just you know you do kind of tell a few when you're annoyed and angry [laughs] you kind of experience a bit the feelings.*

<div align="right">*Sarah, 17, 643-649*</div>

Sarah did not seem certain it 'helped' because she used 'might' and qualified it with 'in a way'. Although she did not make the connection, perhaps talking 'a lot' about their

experiences was what 'helped' because it enabled her to process her feelings? Her clarification that she had not discussed this at work indicated she only felt safe to discuss her experiences within a trusting relationship. Their shared experiences seemed to be an intrinsic part of their identity as a couple because she described it as:

*a very bonding experience to meet there and it's still something that is important to us.*

*Sarah, 15, 570-571*

Her use of 'bonding' and 'important' highlighted that she believed meeting in Gaza was significant and brought them closer together. She referred to it as a 'unique experience' (15, 566) and that it made a 'good dinner party story' (15, 556) illustrating the positive value imbued in how their relationship started. Aside from the emotional benefits, she also cited practical advantages because her partner worked for a broadcast organisation that was better equipped and informed regarding security than her newspaper.

Julia shared Sarah's view that it was beneficial to share coverage of traumatic events with her romantic partner:

*my boyfriend was out there with me so I got to experience it with him and then we could talk about it and I knew what he was thinking about it and he knew what I was thinking about it so that made things quite a lot easier for me than maybe someone that would go away and then come back and their wife or husband's at home and they're like err you're asking me about the bins and I've just been surrounded by 250 thousand dead people in a country that's basically a war zone*

*Julia, 23, 665-671*

Like Sarah, she identified that experiencing coverage together meant they could talk about it, enabling them to know what the other was 'thinking'. The absence of reference to feelings suggested they both intellectualised their experiences. Her belief that it was 'easier' highlighted she believed their shared experiences provided shorthand to navigate re-settling into domestic life. However, she contradicted herself by also describing it as a 'problem' to go out with 'someone you work with' (7, 182), revealing

they broke up frequently. She initially referred to him as 'my then boyfriend' and switched to current during the interview, explaining:

> *Haiti brought us together but then you can't sustain that you can't keep those, that heightened sense of emotion for a long period of time when you get back to the mundane normal who's going to take out the bins, what are we doing this Saturday, it's not the same so then we break up again.*
>
> *Julia, 26, 744-747*

Their inability to 'sustain' the 'heightened sense of emotion' was reminiscent of Hilary's description of the buzz she experienced covering Lockerbie, mirroring sensations associated with substance use. This suggests a romantic liaison possibly intensified their experience:

> *they're very kind of romantic and you know you're in a sweaty hot country and you might die and you know it's not real*
>
> *Julia, 27, 757-758*

However, also like substance use, it may have been that the unreal aspect of their experience provided an immediate escape from their surroundings. Her reference again to 'taking out the bins' was perhaps not only a metaphor for the mundane aspects of domesticity but also a subconscious reference to getting rid of him when they break up. She also referred to his 'issues' (23, 689) preventing them from maintaining a successful relationship. Although she did not specify this, she may have felt that he needed emotional support that she was not prepared, or perhaps able, to provide. The inference was however, that she considered his exposure to trauma to have had a more adverse impact on him.

Julia and Sarah identified the psychological impact of being in a relationship with someone in a hostile environment. Julia commented that her 'emotional side' was 'taken up' sharing the experiences with her boyfriend (6, 128). This suggested that her feelings about her safety and what she witnessed were transferred into how she felt about him, which was perhaps a more bearable way for her to manage the powerful emotions associated with life and death experiences. She referred to the 'trauma of thinking that

someone you love is going to die' (26, 737) and how she struggled to 'deal with the fear' (8, 201) when she thought he may be in danger. This highlighted the anxiety, and at times panic, she experienced in relation to his safety, which may have mirrored her own physical safety concerns. Sarah also speculated that she started having dreams about what she was witnessing in Gaza because she had 'something to lose' (9, 338) after meeting her husband there. I had never considered it before conducting this research, but prior to meeting my husband I found it impossible to maintain a relationship with someone who was not a journalist. Like Sarah, once I became involved with him, I lost some of my enthusiasm for the job. The frequent travel, irregular hours and unreliable nature of news certainly interfered with my personal life and that of those around me; I was aware of infidelities and promiscuity within the press corps which inevitably led to the breakdown of relationships, however, I had not imagined this may be related to being a journalist.

Lydia was also married to a journalist; however, her experience seemed different. She took a seemingly blasé stance towards his personal safety:

> *I guess I was traumatised by the thought of being separated from my child which is worse than being separated from your partner. I mean I could handle being separated from my partner there have been many time I've known him many times to be arrested or you know deported by the Taliban from Afghanistan, he's, you know, I've been in London wondering if he's going to survive, gone to Iran and had his passport confiscated loads of times and it's almost routine. I can deal with that fine*
>
> *Lydia, 27, 1021-1027*

A distinction was evident between her feeling 'traumatised' by the 'thought' of being separated from her child and her listing, in a matter of fact tone, the multiple times that she had been separated from her husband, with his life seemingly in danger. Her use of 'many times' and 'loads of times' along with the present continuous tense indicated that these were not one-off events, but a general occurrence, which could happen again. Her comment that she could deal with their separation 'fine' suggested she felt she could cope without him.

The only indication of the emotional impact this had was her understated description of 'wondering if he's going to survive'; this seemed muted in comparison to Julia's panicked fear. This may have been because they were well established as a couple, or because she was reflecting the way they expressed emotions within the relationship. She reported his tendency to 'bury' his feelings (25, 937) and that he would 'rarely admit that he was upset' (25, 942) although he would tell her, indicating that she provided him support. She also believed that although they covered many of the same stories, his experiences were 'worse' (25, 932), similar to Julia. It seemed that she looked up to him:

> *he was shot in the hand and he didn't bother to tell anyone [laughs] – it's that very much kind of brushing it off sort of mentality and that's kind of typical, that's the norm, that's what you sort of almost have to aspire to really isn't it?*
>
> *Lydia, 25, 939-941*

Lydia might have laughed because she thought he was foolish, or because she was proud of him, or both. Her use of not 'bother' and 'brush it off' highlighted a macho, almost cavalier, nonchalance towards danger that she perceived as 'typical' and 'the norm' and aspired to. Although her rhetorical question insinuated that she was perhaps open to this view being disputed. She also reported he was 'quite resistant' to her therapy because it meant 'he had to acknowledge that too' (20, 735-736), exemplifying a potentially systemic avoidance of the psychological impact of their experiences. This suggests that while having a relationship with a fellow journalist was perceived to serve a protective function, it added an extra layer of complexity to the psychological impact of these experiences, potentially adversely.

Hilary was the only participant who did not mention a relationship with another journalist. She did however, talk about being married to a policeman. She described him having a 'macho attitude' (6, 173) and being unsupportive when she came back from Lockerbie:

> *I just said "oh God, you know, I really am so distressed by what I've seen", he was very sneery and ...er ...and said "oh you have no idea" and looking back now, I mean we split up a couple of years later, nothing connected with that, but*

*looking back now ...erm.... I think he was jealous that I'd been in the centre of*
*this horrible storm and really there was nothing to compare it to but he just*
*belittled it, belittled the way I reacted and ...er ... and just said ...erm...that, you*
*know, I should just pick myself up and get on with it.*

<div align="right">

*Hilary, 6, 174-180*

</div>

It seems she found him to be flagrantly critical, calling him 'sneery'. This was reinforced by her double use of 'belittled' emphasising that he had not validated her feelings. She explained, but did not excuse, his attitude suggesting that he might have been 'jealous' she was at the heart of such a major news story. His response may have reflected a general lack of respect for her profession, on top of the emotional disdain he appeared to hold for her. Although she did not link this to their separation, it may have contributed to the relationship's demise. She reported feeling resentful towards him:

*I always thought [laughing] I would tell him at some point that ...er ...that was*
*one of the nastiest and most insensitive things that ...er ...you know, "just get on*
*with it, it's nothing", you know, "I'll tell you what's bad when you go to a car*
*crash and you find a head here and a body there, don't give me this about what*
*you saw" and I'm thinking hang on, you know, I saw hundreds of dead people.*
*You've seen dead bodies before, I had never seen a single one.  So ...erm... that,*
*that ...that was resentful*

<div align="right">

*Hilary, 15, 506-513*

</div>

Her laugh appeared incongruent with the outrage she was expressing. Perhaps she was laughing at herself ironically because she never actually said this to him. Her hesitation with 'er's may have been because she had just disclosed that he had died recently and felt unsure how appropriate it was to express her anger. She may have repeated 'you know' because she wanted to recruit support for her perspective, illustrating how unsupported she had felt. Her speech took on the characteristics of a domestic argument with phrases like 'I'll tell you' and 'don't give me this…' adding authenticity. There seemed to be competition about how many dead bodies entitled an emotional response indicating that her emotional responses were stifled by her husband's experiences, which he perceived to be worse than hers. This resembled Lydia's perspective, mirroring the macho work culture of news journalism and possibly explaining why

some of the participants were attracted to men who did not appear to encourage the psychological exploration of their experiences.

### 4.3. Superordinate Theme Three: Attitudes towards counselling

The third superordinate theme focuses on the participants' attitudes towards counselling. Only half had personal experience of counselling, but all conveyed their perceptions. Misconceptions and stigma related to engagement were expressed, alongside dissatisfaction with workplace provisions and practical difficulties accessing psychotherapeutic options. There was, however, evidence of changing attitudes towards counselling within this industry.

### 4.3.1. Misconceptions about counselling

None of the participants had an accurate perception of what counselling actually was or how it worked, despite some first-hand experience. Hilary reported after returning from a foreign assignment where she had been kidnapped:

> *I did go and have one session ...erm...with a counsellor just to sort of – not because I felt I needed to erm, but I just thought I...erm... I should*
>
> *Hilary, 12, 394-396*

The plentiful 'erm's might have indicated that she was not confident in articulating her motivation to engage with counselling, or defensive for fear of how it may be perceived. The haste with which she justified that she had not 'needed to' may have been due to the perceived stigma of psychotherapy in a macho work culture. Indeed, she commented that talking about her experiences in the interview would be perceived as a 'sign of weakness' (7, 201) professionally. The fact that she only attended one session after being kidnapped indicated that either she did not engage with the process or she was not offered appropriate care. Her lack of understanding regarding how counselling works was illustrated because she referred to 'being counselled' on numerous occasions (16, 573; 17, 585; 17, 603). This reflected a power dynamic that would not be desirable in a

therapeutic relationship, because she perceived the client role as passive, and the therapist active in an advisory capacity. She elaborated on her colleagues' experiences of counselling, which may have informed her views:

> *I remember going to a seminar [...] and quite a few high profile journalists were saying, yep, you know, after Bosnia I went and had half an hour's session and somebody else said "yeah after this, you know, I went and ..." and one of them was quite brilliant, they likened it to ...erm...just somebody coming up with a hoover and sweeping up all that crap that falls out from these events and then ...er...it's gone and you just carry on.*
>
> <div align="right">*Hilary, 10, 324-329*</div>

This anecdote reiterated the perceived active nature of the therapist, as a 'hoover and sweeping up all that crap'. This mechanical cleaning metaphor dehumanised the therapist, denigrating any therapeutic relationship, turning them into a service provider with an unpleasant chore. This reinforced the notion that a half an hour session would be sufficient and could feasibly result in the journalist carrying on. This view does not indicate any concept of a therapeutic process and portrays the therapist as a receptacle to be filled with 'crap'. This misconception perhaps reflects poor psycho-education within the work place, linked to a macho work culture that considers emotional engagement a weakness.

Sarah was candid about her lack of knowledge saying:

> *I have never done any counselling at all so I guess I don't even really know what you would get out of it.*
>
> <div align="right">*Sarah, 11, 417-418*</div>

Her description of *doing* counselling indicated that she perceived it as an action, perhaps where there was more emphasis on her activity. Her reference to getting something 'out of it' reflected a belief that it was a transaction that would offer her a service. Hence there appeared to be a misapprehension as to what counselling consisted of. Julia echoed Hilary's view that she had not 'needed' counselling:

*I didn't feel like I needed any counselling, I'm quite happy to talk about things and I talk about my experiences a lot which I think helps me*

*Julia, 20, 548 – 549*

This indicated she believed there was a certain kind of person who *needed* counselling, and she was not one of them. Her upbeat declaration that she was 'happy' was possibly a subconscious attempt to reinforce her lack of need for counselling. She maintained that if her company employed a psychologist, they would not be able to understand her experiences:

*you can probably see how it's affected me psychologically but you can't understand what I'm talking about which is the big thing.*

*Julia, 30, 866-867*

This suggested that she did not understand how the therapeutic process works, because although she believed a psychologist would 'see' a psychological impact, on an intellectual level, she did not consider they would 'understand', on an emotional level, because the 'big thing' was to have first-hand experience of her work. She said it was 'good knowing you have experienced this sort of thing' (30, 862), explaining:

*So you've got that credibility which is useful. Because I think there's a real feeling in the industry that you just don't – you don't talk about it with anyone else I mean you talk about it but you don't expect anyone to understand what you're talking about as it's such a weird job.*

*Julia, 30, 871-874*

The inference here seemed to be that only people with shared experiences could be perceived as professionally competent. This underestimated the role of empathy, but may be reflective of the emotionally unsupportive work environment she was accustomed to. It also exemplified a closed shop 'industry' mentality evidenced by the repetition of prohibitive 'you just don't' and 'you don't' suggesting she believed her views were shared. Her perception of her job as 'weird' indicated she felt her experiences were beyond the professional remit of a psychologist, yet ironically, this

term might justify someone seeking psychotherapy, perhaps subconsciously revealing a desire for psychotherapeutic intervention.

It is possible the participants did not consider they *needed* counselling because they believed it was necessary to have a significant problem. Sarah commented:

> *I've never broken down or felt anything kind of majorly wrong with me afterwards but I guess I was always of the view that I might have taken something in that would come back to haunt me so I would probably have taken it.*
>
> <div align="right">Sarah, 11, 408-411</div>

Her use of 'broken down' and 'majorly wrong' indicated she believed it would have been obvious if she had needed counselling because she would not have been functioning. However, she seemed concerned there may be a sinister repercussion as illustrated by her fear that something may come back to 'haunt' her. Her supernatural metaphor was perhaps not accidental because it revealed how mysterious her own psyche was to her. She was not certain she would have accessed counselling if it had been available because she used 'probably', perhaps illustrating an entrenched ambivalence. Both Sarah and Julia went on to talk about colleagues who they considered had worse reactions than themselves, who had engaged in counselling, illustrating that neither believed it was appropriate for them. This revealed a stigmatised attitude towards counselling, whereby only those who were evidently unable to cope psychologically were perceived as entitled to seek help.

Unlike the other participants, Lydia engaged with psychotherapy over a number of months, however, she was not able to maintain her engagement:

> *I think he only took people he could see four times a week and I just thought bloody hell I can't do four times a week I have a kid and a job, you know, it's absolutely impossible. So I found somebody, I went to see her for, I think, once a week and then for a little bit twice a week and then once a week and then I stopped it. And she said, oh no you should continue and I said, no and, erm, I thought on balance the kind of stress of, you know, schlepping off to [Therapy*

*Setting] once a week and, you know, having a kid and it was really difficult to*
*manage the time. Plus I was quite embarrassed about turning up late for work,*
*you know, twice a week.*

<div align="right">*Lydia, 17, 641-649*</div>

Her exclamation of 'bloody hell' indicated she was shocked by the thought of attending therapy four times a week; underlined by her definitive 'absolutely impossible' illustrating she could not prioritise her mental health due to work and family commitments. This suggests that certain types of psychotherapy are not an ideal fit with the needs of this population. However, the reported shifting boundaries of her subsequent therapeutic relationship were perhaps also not beneficial, as highlighted by their rupture when she said 'no' she did not want to continue. This indicates she did not have a clear sense of anticipated time commitments in the therapeutic context. Her use of 'stress', 'schlepping', 'difficult' and 'embarrassed' emphasised this was not a positive experience, if anything it was hard work, with little perceived return and a negative impact on her personal and professional life. She also seemed unprepared for the emotional and physical impact:

*So I did quite a lot and I think you know, it was just physically exhausting to do*
*it. I knew it was emotionally exhausting, I hadn't realised kind of how whacked*
*you feel afterwards either. I mean I thought you just go and talk to somebody*
*for an hour and then [laughs] you pop off, you know, like doing an interview but*
*of course they leave you totally reeling sometimes*

<div align="right">*Lydia, 20, 747-752*</div>

Her repetition of 'exhausting', coupled with 'whacked' emphasised how tired she felt and how surprised she was because she had not expected this. Perhaps her laugh was self-deprecating at her naivety about the therapeutic process. Her notion that she could casually 'pop-off', after a session, without any emotional consequences indicated that she did not understand how the process worked. Her use of 'reeling' created the impression that she felt destabilised and uncontained by her experience.

Therefore, all of the participants had misconceptions about how counselling works and how therapists operate, sometimes even after having engaged with it. This was perhaps

in part due to working in an emotionally unsupportive, macho work environment where it was not the culturally accepted norm to seek emotional support.


### 4.3.2. Dissatisfaction with workplace counselling

There was a disparity between the availability of counselling in newspaper and broadcast organisations; both Julia and Lydia, were offered counselling, however, not in a format they felt able to engage in. In contrast neither Sarah nor Hilary encountered counselling; Hilary commented:

> *I was working in the regional press and there was no such thing as counselling or ...er... you know, you'd go to the bar and get plastered with your mates and some gallows humour would come in*
>
> *Hilary, 3, 85-87*


Hilary later repeated the exact same phrase that there was 'no such thing as counselling' (7, 200) indicating how absolute this perception was for her, as though it did not even exist. Her pause and 'er' was a moment for her to think what they did instead, hence her description of going to the bar and getting 'plastered', which may have subconsciously referenced a sticking plaster, attributing healing qualities to getting drunk. Reflecting at the end of the interview how it had been to talk about her experiences she exclaimed:

> *Oh My God, why couldn't I ...or why didn't the company or, you know, wouldn't it have been much better for me if I'd had this conversation twenty odd years ago and subsequent follow-ups ...er... for different things that have happened*
>
> *Hilary, 17, 596-599*


Her use of 'Oh My God' could have been expressing surprise at how she felt or annoyance that she had never had the opportunity to talk about her experiences at work before. Her combination of 'why's, 'couldn't', 'didn't' and 'wouldn't' indicated she regretted not talking prior to this and perhaps blamed 'the company' because she believed it would have been 'much better' for her. She seemed to equate the interview with a therapeutic experience, highlighting she experienced it as beneficial. It is

possible this encounter de-stigmatised the psychological process in a format she could relate to, leading to a recognition that it would have been useful to engage with earlier and throughout her career.

Sarah was also never offered counselling:

> *I don't think again that they thought about it. I think had there been a problem, I'm quite confident they would have done something.*
>
> <div align="right">*Sarah, 13, 460-461*</div>

Her use of 'again' was likening counselling to safety in hostile environments, that she believed her editors had overlooked. However, unlike Hilary, she said she was 'quite confident' they would have intervened if they had perceived there was a 'problem', reinforcing the notion that there needed to be a noticeable problem to engage with counselling. Despite her confidence, she seemed vague about what her bosses may have done, alluding only to 'something'. She went on to talk about a colleague who had been offered counselling because he had been negatively impacted by coverage:

> *He got counselling and he got help and I think I would have had that if there had been a problem. But they didn't ask if there was one [laughs].*
>
> <div align="right">*Sarah, 13, 476-478*</div>

She seemed unsure as to whether she would have engaged with counselling by using 'I think'. Her comment that no-one asked if she had a 'problem' suggested there might have been things she wanted to talk about, but as she was never given the opportunity, she never did. This indicates that management purported the unacceptability of seeking support, by only making it available in extreme cases when someone was unable to function. In so doing, counselling became stigmatised with the negative associations of 'a problem'. Her laugh may have been an attempt to lighten the mood and move away from regret, to protect her from negative feelings. My own experience as a journalist was close to Sarah and Hilary's in that there was never any mention of counselling, or even a debrief. I was aware of colleagues who were removed from hostile environments in a hush-hush manner and sent for psychiatric help. The fact that this was not talked about openly and there was no company policy to safeguard the mental health of

employees gave me the impression that my psychological well-being was irrelevant to work, and of no consequence to my superiors. Since re-training, it is apparent to me that I did experience an adverse psychological impact after covering some traumatic stories and having now experienced counselling, I believe it would have been beneficial to be able to process some of the things I witnessed and felt at that time.

In contrast, Julia and Lydia were offered telephone counselling through their Employee Assistance Programmes (EAPs). However, neither was impressed with this:

> *when we got back from Haiti we all got a letter saying that if you need to speak to a counsellor there's a telephone counsellor you can call which I didn't think was great because you can't really have a proper discussion about the things you've been through on the end of the phone*
>
> *Julia, 16, 454- 457*

Her use of 'we' and 'all' indicated that everyone who took part in this coverage received the letter, thus de-stigmatising it. However, Julia did not 'think this was great', citing the medium of telephone as unsatisfactory, the letter might have been perceived as impersonal, discouraging her from engaging. Later she elaborated as to why she had not engaged:

> *I just thought if they said there's someone that we're having in and it'll be good for you all to talk to them I would have definitely done that but I just on the end of the phone I don't – I think you need human interaction when you're talking about stuff rather than I don't know what someone on the end of the phone would've been able to tell me.*
>
> *Julia, 19, 541-545*

Julia seemed less ambivalent than Sarah and enthusiastic to engage psychologically face-to-face. However, her employer's encouragement seemed crucial, like granting permission, with the emphasis being on 'all', rather than a few with 'problems'. She specified that 'human interaction' was essential for her to feel comfortable to talk about 'stuff'. This contrasted with her impersonal perception of a potential telephone

counsellor as a faceless 'someone on the end of the phone'. Therefore, Julia was verbalising the need for a therapeutic relationship with emotional connection.

Lydia was also offered telephone counselling, face-to-face counselling and psychometric testing after traumatic coverage. However, she was cynical about their utility:

> *there was some form ...I think there was a form somebody sent about whether you're traumatised if you have these symptoms and we looked at it and we sort of said, we do but what can we do about and no time to deal with it right now*
>
> *Lydia, 15, 548-550*

She appeared vague about what the form was and who sent it, perhaps reflecting the lack of clarity accompanying mental health provisions within her company. The 'we' she mentioned, was her and her husband, indicating they both had trauma related symptoms. However, they did not seem aware of what to do with this knowledge, or have any time to pursue solutions. This was maybe due to a lack of clarity regarding psychological treatment within the organisation, but maybe also due to her overseas postings, which limited access to UK-based provisions:

> *So you know, it was like here's the counselling number if you need it kind of thing – well that's not much use if you're in Tehran anyway. I didn't have time for that. I literally went back to Iran in the next few days. So I don't think I was alright but I said I was.*
>
> *Lydia, 12, 450-453*

She seemed to perceive being given the counselling number casually, as exemplified by 'kind of thing', on a voluntary basis 'if you need it' with no suggestion that it might be helpful, the onus being on her to decide if she 'needed' it. This could have been a subtle stigmatisation of the service and contributed to her lack of engagement. Again, she mentioned she did not have 'time', highlighting the pressure she felt with deadlines and a constantly evolving news agenda. It seems like the counselling provisions were impractical for her because she was permanently based abroad, so she declined to engage, even though retrospectively she wondered if she was 'alright'.

She later elaborated that she believed if she had taken up face-to-face counselling, she would not have been able to go back to her posting immediately so her private business, i.e. her mental health, would have become 'very public' (16, 588) due to her prominent professional position and because she employed an 'entourage' on location (16, 591). She said she would get a reputation for being 'appalling' (16, 597), further illustrating the stigma associated with engaging with psychological services. When she did engage in counselling she chose not to use the services provided by her employer:

> *I did have therapy but not with [NAME OF BROADCAST ORGANISATION] because I just kind of felt that I didn't trust them.*
>
> *Lydia, 16, 600-602*

This indicated that it was hard for her to believe that counselling provided by her employers would be confidential; if she did not feel she could 'trust them'. Therefore, on the whole the participants did not perceive the psychotherapeutic provisions made by their employers as appropriate or beneficial.

### 4.3.3. Changing attitudes towards counselling

Regardless of whether the participants had engaged with counselling, they all had opinions about it, inherent within these were contradictions indicating ambivalence and confusion. Some of the participants' attitudes had changed over time; for example, Hilary commented she would have said 'oh, I don't need that!' (10, 318) if someone had offered her counselling after Lockerbie, whereas she anticipated that now:

> *I would have a more mature attitude towards it and probably welcome it and I think it was something that ...erm...as I got older and as it became more acceptable and not taboo to be counselled or talk to a counsellor*
>
> *Hilary, 10, 334-336*

Her use of 'mature' suggested she considered her belief that she did not need counselling could have been related to inexperience. Despite this assertion, she did not seem totally convinced that she would engage, as evidenced by 'probably' and 'erm'.

However, from her description of counselling becoming 'more acceptable' and 'not taboo', it can be surmised that she experienced it as taboo in the workplace so did not believe it would be acceptable to engage in. She went on to comment that although she perceived media organisations were beginning to take mental health seriously, particularly broadcasters, she believed newspapers still retained a 'macho culture' (17, 601), where journalists exposed to trauma were not routinely offered counselling. This indicates that although attitudes may have changed throughout her career, simultaneous to changes in her own perspective, there remains disparity within the industry.

Lydia supported Hilary's perception that broadcasters had become more aware of mental health needs because she referenced offers of counselling and psychometric testing following traumatic incidents. However, despite this, she reported a lack of appropriate personal response from her line manager in relation to her engagement with counselling:

> *I did tell my line manager that I was doing that and he was so ...he's a man, kind of rather ...I mean jovial but rather idiotic and slightly public school and basically terribly embarrassed and didn't want to know at all, about it, he sort of wanted to know less and less and so that wasn't very good really. He didn't tell anybody else in [NAME OF BROADCAST ORGANISATION] which I suppose in one sense it's correct but in another sense not really. He just sort of forgot about it.*
>
> *Lydia, 18, 650-656*

Her description of him as a 'man' seemed unnecessary because she had already said 'he', however, perhaps she felt his gender was relevant to his lack of comprehension. The adjectives 'jovial', 'idiotic', 'public school' and 'embarrassed' create an impression of a bumbling character that it was perhaps difficult to respect professionally or connect with emotionally. Her negative experience of him was emphasised by her use of 'at all', 'less and less' and 'anybody else' to describe how he did not engage with her experience. Therefore, while Hilary may have gathered the impression that broadcasters were more aware of the mental health needs of their staff, Lydia's experience illustrated that personnel were not yet adequately trained or psycho-educated in line with the prevailing institutional policies.

Neither Julia nor Sarah had engaged in counselling, however, both expressed contradictory attitudes towards it. Sarah considered what it would have been like, hypothetically, if she had been offered counselling:

*And the kind of the mental side yes I'm... I would probably say yes to...[...] If just you know a chat [laughs] to find out if professionals [laughs] thought I should talk about it erm... but I don't really know, I don't know if it has affected me or I don't know if it would have then helped.*

<div align="right">*Sarah, 11, 408-414*</div>

She avoided using definitive language to refer to counselling, instead saying the 'kind of mental side', which may indicate resistance to seeing herself in need of help, and thus weak or ill. Despite hesitating and being indirect, she is affirmative twice saying 'yes' she would 'probably' say yes. It seems that it was more palatable for her to meet with a professional and have a 'chat' than engage in counselling; her laughter may be ironic because she was aware that she was dictating the terms of a potential encounter and thus possibly changing its nature. It may have also reflected her unease talking about her mental health and resistance to exposing her feelings. Her repetition of 'I don't know' highlighted how uncertain she felt about whether there had been a psychological impact and whether counselling could have been useful: this reveals ambivalence towards counselling. Julia favoured the concept of debriefing:

*I think it would have helped if we'd had some kind of debrief and just had the opportunity to talk about the things that we'd seen and done and experienced because I know that there are people who are mentally on the edge who do this job and um, it can't be – you know people have nervous breakdowns because of this stuff so I think debriefing would have been a really good thing which we didn't do.*

<div align="right">*Julia, 17, 488-493*</div>

Her definition of 'debrief' entailed talking about what they had seen, done and experienced, this expectation could also be met by counselling yet she did not use psychotherapeutic terminology. Even after her direct references to people having 'nervous breakdowns' and being 'mentally on the edge', she continued to refer to

'debriefing' indicating that perhaps this term had professionally acceptable connotations unlike counselling which had stigmatised associations. This perhaps revealed a confused attitude towards counselling because although it seemed that Julia would have theoretically welcomed the opportunity to talk about her experiences, she described this process as a debrief.

This ambivalence was demonstrated again later as she contradicted herself; she suggested that it would be useful if everyone returning from potentially traumatic assignments had counselling:

> *I think maybe some compulsory counselling like a half hour session next time you're in the office or having a counsellor in for the day and everyone has to go and see them, you know, just stuff like that would've been much better.*
>
> *Julia, 20, 551-554*

This suggestion seemed quite radical considering her lack of first-hand experience of counselling. Her emphasis on it being 'compulsory' and 'everyone' going to see the counsellor would have de-stigmatised engaging in therapy, making it culturally acceptable and removing concerns about how attendance might negatively impact career progress. However, when asked to imagine what it might have been like to engage with her proposed form of counselling she said:

> *Um, I don't know I probably would've been like 'oh God this is so annoying, I've got better things to do than' you know um, but I think it would have made me feel like they understood what we'd gone through and what we'd seen.*
>
> *Julia, 20, 558-560*

Not only did she suddenly seem less enthusiastic and more ambivalent, evidenced by her 'I don't know' and 'um's, but she imagined a hostile, impatient response as demonstrated by her exclamation 'oh God this is so annoying'. Her belief that she had 'better things to do' was perhaps an indication of the low priority and lack of consideration given to mental health within this industry, and the lack of psycho-education regarding the manifestation and onset of psychological difficulties. She perhaps did not anticipate her suggestion of compulsory counselling was personally

relevant for her, however, institutional recognition of her experiences was perhaps more important to her at this juncture. Therefore, even though some of the participants identified what seemed to be a changing attitude towards counselling in this industry, it would appear that this remained underscored with ambivalence.

# Chapter Five: Discussion

The findings are examined within the theoretical context of the previously reviewed literature, highlighting any novel aspects, which make an original contribution to the knowledge base in this field. Further literature is introduced and considered in light of these findings. Personal and methodological reflexivity is incorporated throughout, along with recognition of limitations, suggested avenues for future study, practical applications for media organisations and clinical application for CoPs and other mental health practitioners.

## 5.1. Psychological responses to traumatic coverage

### 5.1.1. Post-traumatic stress responses: Underestimation

All of the women reported what could be classified as post-traumatic stress responses in their interviews, ranging from flashbacks, anxiety and anger to excess alcohol consumption, (Ehlers & Clark, 2000) however, this was not represented in their psychometric screening surveys. This reinforces earlier indications that journalists either underestimate the psychological impact of their experiences or lack understanding as to what trauma is and do not equate their experiences with the symptoms described in psychometric scales (McMahon, 2001; Feinstein et al., 2002). Qualitative methodology or clinical assessments seem imperative when working with this population to allow the clinician or researcher to interpret responses through a psychological prism. The reason for this apparent disconnect is not transparent and merits further research. It could be related to a lack of psycho-education regarding trauma, alternatively, it could be denial, whereby the participants did not wish to associate themselves with psychological difficulty due to perceived stigma in a macho work environment. This was observed with both Julia and Sarah who talked about colleagues' mental health problems, but did not recognise their own potential psychological vulnerability; it was also evident in my own experience. This study indicates that a journalist's lack of reported psychological symptoms does not necessarily mean they did not have adverse responses, merely that they did not report

them. This is the first study to identify this phenomena, however, the small sample size and idiographic nature of IPA prevent further extrapolation. This could be examined in future studies, on a larger scale, to investigate whether this is indeed a replicable pattern of behaviour.

### 5.1.2. Post-traumatic stress risk: Personal resonance

A previously unidentified feature of post-traumatic responses amongst journalists that emerged in this analysis was that a personal connection to the story seemed to engender greater psychological impact. Julia reported finding it traumatic to cover the Tsunami in Japan because she had lived there as a child and her malaise was enhanced knowing her boyfriend was potentially at risk filming there too. Lydia reported distress in relation to covering the Boxing Day Tsunami when she identified she could have been in one of the worst affected resorts with her family, as was their usual Christmas holiday schedule. Before our interview, I had anticipated Hilary would talk about her kidnap because it had been headline news. However, she explained that Lockerbie had stayed with her from earlier in her career. This may have been because less experienced reporters can find stories more traumatising (Osofsky et al., 2005) or she may have identified with the families watching TV in their front rooms while preparing for Christmas because she described the 'mundane details' as the most 'traumatic' (8, 276-278). Perhaps the normality of these interrupted domestic scenes troubled her, coupled with the incongruence of the crash coinciding with Christmas. This chimes with my own experience of finding it challenging to cover the 7/7 London Bombings, perhaps because they intruded into my everyday life.

Greater traumatisation through stories with personal resonance has not been explicitly highlighted before amongst journalists, although Dworznik (2011) identified journalists who covered local news stories showed high levels of PTSD, indicating that proximity to the story impacted journalists' experiences. A meta-analysis of risk factors for the development of PTSD concluded that a lack of social support, the severity of the trauma, post-trauma life stress, an adverse childhood, low IQ and/ or socioeconomic status and female gender predicted the greatest likelihood of PTSD, with no mention of familiarity of the trauma setting and significance of the stressor being a possible risk

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factor (Brewin, 2003). However, the author acknowledged that the 'subjective perception of threat is often a more influential predictor of distress than more 'objective' indicators' (p. 48). This finding may indicate an addendum by specifying *particularly if the setting of the event is personally significant for the individual.* It also highlights that research limited to categories of diagnostic classification, such as PTSD, potentially overlooks important aspects of what it is like to live through traumatic experiences, and emphasises the value of undertaking this idiographic, phenomenological approach.

It was perhaps not unsurprising that events with more personal resonance generated comments indicative of feeling guilty, such as Julia not wishing to take food from people in Japan. This perhaps links to research on a majority male sample of journalists that was published post literature review, which indicated that those who reported greater guilt cognitions, also reported higher levels of PTSD (Browne, Evangeli & Greenberg, 2012). The idiographic nature of IPA does not permit generalisation, however, this could be further investigated using methodologies suited to extrapolation to examine whether this suggestion holds wider spread credence. If supported, it could have ramifications for which journalists are sent on which assignments and remove the spotlight focus on war as being the most likely cause of post-traumatic responses. This might reduce the stigma attached to help-seeking, particularly outside of the previously identified high-risk categories, such as war reporters (Feinstein et al, 2002), freeing up resources and training for local news journalists and raising awareness amongst management and journalists alike that personal connections to the story may increase vulnerability to psychological impact. The convergence between domestic life and traumatic coverage seemed to provide a rich seam of disturbance; the pink rubber gloves, Reblochon cheese and shopping in a supermarket. Could it be that female journalists are more susceptible to domestic triggers for post-traumatic responses? Or would a detailed investigation of male journalists' experiences identify a similar pattern? This would be worth exploring through comparative qualitative investigation.

### 5.1.3. Need for psycho-education amongst journalists

The participants' apparent lack of awareness of their own post-traumatic responses identifies a need for psycho-education, perhaps in the form of workshops conducted by CoPs, and other psychological therapists, in the workplace and on journalism training courses to de-stigmatise mental health problems. Currently, the Dart Center for Journalism and Trauma produces literature, maintains a website with self-study units and runs training programmes for journalists, with psycho-educational aspects. However, the emphasis appears to be on 'best practice' i.e. how to cover trauma professionally without triggering post-traumatic responses in interviewees, rather than focusing on the psychological well-being of journalists (Dart Center for Journalism and Trauma, 2014). There appears to be room to either work alongside Dart, or consulting directly with media outlets, to provide psycho-education with a focus on the well-being of journalists.

### 5.1.4. Post-traumatic growth

All of the participants perceived personal gains through covering potentially traumatic news stories. This was unexpected in relation to the reviewed literature, which predominantly categorised trauma diagnostically. However, even in the psychopathology studies, the majority of participants did not display trauma responses indicating that the majority of journalists are either not impacted, or may not be accurately reporting their experiences. Even allowing for underreporting, only a minority of journalists seems negatively impacted despite a high frequency of trauma exposure. This may relate to perceptions of personal gains and capitalise on Dworznik's (2006) findings that indicated journalists made sense of their traumatic experiences because their needs of purpose, value/justification, efficacy/control and self-worth were fulfilled. This is in line with thinking within the wider trauma field that has highlighted an imbalance of focus on 'adverse trauma sequelae' and a scarcity of literature related to post-traumatic adjustment, growth and resilience (Layne, Warren, Watson & Shalev, 2007).

Post-traumatic growth (PTG) is the 'experience of positive change that occurs as a result of a highly challenging life crisis' (Tedeschi & Calhoun, 2004, p.1). It has been identified to enhance relationships and change self-perceptions to develop wisdom, gratitude, strength and greater self-acceptance and engender changes in philosophy, including re-evaluating what matters in life and being able to live in the present (Joseph, 2012). It has been estimated that 30-70% of people who experience traumatic events reported subsequent positive changes in their lives (Linley & Joseph, 2004). Furthermore, there is evidence that more women than men report PTG, with incremental increases related to age identified (Vishnevsky, Cann, Calhoun, Tedeschi & Demakis, 2010), perhaps in line with the higher female prevalence of PTSD. PTG was evident with all of the participants; Lydia and Hilary, the eldest participants, significantly altered their life paths, by undertaking further education, going freelance and diversifying. Hilary's conversion to Islam also signalled a change in life philosophy; while this was not discussed at interview, the contrast between the hard-drinking reporter of her youth that she described and the headscarf-wearing lady in the interview room was tangible. Hilary may not have alluded to her conversion because it does not represent a point of contention for her and was thus not necessary to discuss. I can see personal parallels whereby I have studied and re-trained, nevertheless, it was a surprise to assimilate these results because I had not anticipated findings rooted in positive psychology.

There is evidence that post-traumatic stress can act as a catalyst for growth, with greater post-traumatic stress being associated with greater growth; however, this is thought to be in an inverted U-shaped curvilinear relationship (Joseph, 2012); which may describe how and why the majority of journalists do not appear to be adversely psychologically impacted by their experiences, and potentially de-stigmatises encountering trauma by linking it to positive growth and improvement of quality of life. A PTG scale in the screening survey may have revealed how resilient the candidates were rather than focusing on psychopathology. Future studies with this population could consider whether rewards counteract post-traumatic stress, and if so, what this might mean for other populations who are vulnerable to traumatic occupational encounters. This conceptualisation of PTG could impact how CoPs, and other psychological therapists, work with trauma in general, particularly if they follow the THRIVE signposting

structure therapeutically: Taking stock, Harvesting hope, Re-authoring, Identifying change, Valuing change, Expressing change in action (Joseph, 2012).

## 5.2. Perception of support related to traumatic coverage

### 5.2.1. Professional support: Practical vs. emotional

Lack of social support has been identified as one of the most significant risk factors for developing PTSD (Brewin, 2003) and featured in the reviewed literature in relation to journalists (Greenberg et al., 2007, Hatanaka et al., 2010, Weidmann et al., 2007). However, previous findings were contradictory with Weidmann et al. demonstrating that social support correlated with higher levels of PTSD while the Japanese researchers did not find any significant effect of social support on PTSD development. Greenberg et al.'s (2007) qualitative research indicated that lack of support from management contributed towards stress responses, particularly in the absence of perceived rewards, which resonates with the findings in this study. Support, if any, was perceived as practical; none of the participants reported experiencing emotional or psychological support from management. Peer support, as alcohol-related camaraderie, featured in the narratives of all of the participants, marrying with my own experience, earlier empirical findings and anecdotal evidence (Buchanan & Keats, 2011; Feinstein et al., 2002; Greenberg et al., 2007; Himmelstein & Faithorn, 2002; Loyd, 1999; Simpson & Boggs, 1999; Steele, 2002). There was, however, evidence that all of the participants either supported, or intended to support their staff in more of an emotional capacity, while some had benefitted from a few supportive female colleagues, indicating an awareness amongst some female journalists of the emotional and psychological impact of traumatic coverage.

### 5.2.2. Macho work culture: Impact on motherhood

Lydia referred to female managers and colleagues behaving like 'honorary men' (16, 573) and backstabbing other females; Julia also highlighted this in relation to motherhood in the workplace. Anecdotally, the macho environment of journalism has

previously been identified, however, this study provides empirical evidence of a systemic macho work culture, which adversely impacted the emotional and psychological landscape of the participants, as exemplified by accounts of bragging and competitive sleep deprivation. This was an unanticipated and previously undocumented finding, from a psychological perspective, in relation to this population.

Gender roles in the wider workplace, particularly related to motherhood, are a well-documented and researched topic (Stier, 1996), and continue to be hotly debated in both current affairs and the academic domain (Cocker, 2014; Herman, Lewis & Humbert, 2013, Wolf, 2015). Articles and books written by journalists have revealed a lack of compatibility between journalism and motherhood, with female journalists discussing their childlessness, with regret (Haussegger, 2005) and pride (Hilsum, 2002). A Journalism journal has also published research, conducted via semi-structured interviews with journalists in Australia, which indicates that although women with children find it hard to perform/manage the tasks expected of journalists, many find a way to make it work, often adopting a 'neoliberal subjectivity' (North, 2009, p. 519). However, a dominant male discourse emerged of perceived 'female advantage' due to political correctness and the belief that it was a 'waste' to train women who 'leave work to have babies' (p.519), this supports the reported perception of a macho workplace. Meta-analytical outcomes have revealed certain female social roles, such as mother and wife, are at greater risk of PTSD post-disaster (Norris, Friedman, Watson, Byrne, Diaz & Kaniasty, 2002) because they emphasise close relationships with others that may be jeopardised if a disaster is experienced together (Kimerling, Ouimette, Weitlauf, 2007). Women in developing countries were found to be at greater risk, suggesting that female journalists based in such countries, with their families, might be more vulnerable. While journalists differ from 'disaster victims' (Norris et al., p. 207) due to their professional status, future study of women in high trauma exposure occupations may wish to consider which roles they perform in their private lives.

My perception of motherhood changed significantly during this research, in somewhat of a parallel process. One of the reasons my journalism career became unsustainable was because the long, unsociable hours with international travel at short notice, for indefinite periods of time, made maintaining relationships problematic, and becoming a mother a near impossibility. A family life was something I aspired to, so I began re-

training to a more family-friendly career. However, having children did not happen easily; I had a number of operations, with no success, which inevitably led to much sadness. When I wrote the interview schedule and conducted the interviews I believed I would probably not have children, and was overly sensitive to comments made by mothers, about non-mothers. Perhaps this is why I had not even considered my interviewees as potential mothers, none of my questions referred to motherhood and I had not anticipated this was a topic that would emerge. It was not on my agenda. Due to the semi-structured nature of the interviews, I pursued whatever the participants brought up, but it was with some irritation that I realised Lydia, in particular, wanted to talk extensively about how her outlook on life changed after becoming a mother, her comment 'you can't really ever understand unless you've been through it' (19, 707-708), cut to my core. I was surprised that even Julia, a non-mother, talked about her desire to be a mother and how concerned she was that it might impact her career.

By the time I was analysing the data I was, amazingly, pregnant and the indicators throughout the transcripts related to motherhood seemed glaringly obvious. However, I was concerned that this was a result of my selective attention to anything baby related and did not want my preoccupation to influence the research outcomes. After further reflection and discussion with my supervisor, it became clear that motherhood was an important aspect of the participants' and my experience, particularly as it had emerged unanimously without prompting. Even more amazingly, I write this discussion pregnant with a second child, as a Mum to a toddler; I now have an appreciation of what Lydia meant, and the centrality of children, or lack of them, in relation to the participants' experiences of trauma. This illustrates how my subjectivity and inter-subjectivity with the participants impacted the findings of this study, locating me as the researcher, a CoP and a mother (Kasket & Gil-Rodriguez, 2011). My lack of consideration for motherhood was possibly not merely a reflection of my personal circumstances, but a response to years of working as a journalist in a macho work environment to the extent that I had introjected and perpetuated the dominant male discourse, that had been socially constructed in my work place, and overlooked motherhood. From a critical realist perspective, notions of maternity and the implications of child-bearing and rearing was not part of my reality at that time and thus not reflected in my perception of the world. Perceived support, defined as a sense of belongingness and belief in the availability of support, has been identified to mediate the effects of received support

(Norris et al., 2002), potentially explaining why female journalists reported dissatisfaction in this domain. This area, with this population, needs a considerable amount of research and action to ameliorate both the working conditions and potential emotional and psychological impact for media mothers, or mothers to be, and their children.

### 5.2.3. Romantic relationships and marital status

Another unanticipated aspect of the participants' lived experiences was the predominance of romantic relationships with fellow journalists. The notion of office romances is not new, with a reported 40-47% of co-workers estimated to be engaged in one (Horan, 2013). Anecdotally, this phenomena has been observed in a trauma context in the accounts of emergency aid relief workers, documenting affairs in disaster zones, coining the phrase 'emergency sex' (Cain, Postlewait & Thomson, 2004, p.132) to describe the instant relief and welcome distraction from life-threatening circumstances that sexual contact can provide. I have not been able to find empirical evidence with journalists or other populations to indicate that this is a recognised tenet of what could be considered social support, therefore it would seem that this is a unique and novel finding in this research. As such, it would be useful for larger scale studies with journalists to explore whether this is a wider spread phenomena and what the ramifications of it are, for example, does 'emergency sex' lead to an increased level of extra-marital affairs in this population, as might happen if both members of the couple are not on the same assignment at the same time, and might this potentially impact divorce rates, or the nature of relationships, amongst journalists?

The participants did not match Sinyor and Feinstein's (2012) discovery that female war reporters were less likely to be married than their male counterparts. They highlighted that marriage usually provides a protective function against psychopathology; however, there is contradictory evidence. Norris et al.'s (2002) empirical review related to disasters over a 20-year period, found an almost equal number of studies demonstrating more and less distress if an individual was married and exposed to trauma; indicating that marriage could be a risk factor for greater trauma, especially for women; those who perceived excellent spousal support were more vulnerable and likely to be more

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impacted by the severity of their husband's symptoms than their husbands were by theirs indicating gender differences in social support processes following trauma (Kimerling et al., 2007). Therefore perhaps the status of being married is less relevant with this population than the quality of their romantic relationship. Although only Hilary described her partner as unsupportive, all of the participants considered their partner had equally, or more, traumatic experiences than their own, suggesting they were perhaps negatively impacted by their partner's trauma responses. While these are possibilities, how applicable the findings are to female journalists who are not disaster victims is debateable. A more detailed investigation of correlations between marital status, occupational role and psychopathology amongst journalists, accompanied by interviews to ascertain the qualitative nature of these relationships could be useful. Research with journalist couples could offer greater insight and an understanding of the dynamic identified herein. From a therapeutic point of view, couple therapy may be beneficial in this context.

### 5.3. Attitudes towards counselling

### 5.3.1. Misconceptions about counselling

Whether the outcome of this research would have been different if all, or none of the participants had experienced counselling is unknown. However, in retrospect, it could be argued that varied therapeutic experiences and opportunities introduced a lack of homogeneity into the sample in this critical area that became a superordinate theme. Nevertheless, despite only half of the participants having firsthand experience of counselling, they all had an opinion about it, which indicated reasons for failure to engage. The 50% engagement rate contrasts with earlier findings amongst journalists that suggested psychotherapy was not a popular method of support and thus not frequently engaged with (Feinstein et al., 2002; Greenberg et al., 2009; Newman et al., 2003). The higher levels of engagement with this sample cannot be considered reflective of journalists in general due to the small sample size; however, it could be because they were female, or due to their self-selecting nature. Further investigation with this population, taking gender into consideration, may reveal different findings to

those already established. Hilary and Lydia reported experiences of counselling, yet had significant misconceptions regarding what counselling actually was, with the predominant view that it would be a short, passive process, where the therapist did the work. This is at odds with the CoP therapeutic paradigm which prioritises 'being with' rather than 'doing something to' a client, emphasising the collaborative, inter-subjective nature of the therapeutic encounter (Strawbridge & Woolfe, 2010). The participants' unrealistic notions of what counselling entailed may have negatively impacted their capacity to engage successfully with the process.

Furthermore, the misconception that counselling is only relevant in crisis overlooks the myriad circumstances which lead clients to therapy including difficulties at work, failed relationships, bereavement, substance use, traumatic experiences and personal growth where the 'worried, though well' seek assistance to manage a life transition (Hough, 1998, p.16). A feature of CoP is the focus on 'facilitating well-being' rather than pathologising (Milton, Craven & Coyle, 2010, p.65), thus mitigating the participants' perceived 'necessity' for something to be wrong to access therapeutic services. This is the first time these misconceptions have been identified in this population, and as such they provide insight into why counselling may be perceived as an unpopular method of support. Had there been psycho-education in the workplace regarding how counselling works these misapprehensions could potentially have been avoided, thus removing an obstacle to engagement. Reduced stigma in and outside the workplace could also ameliorate the engagement process if an accurate portrayal of counselling was more readily available. It may be useful for therapists working with this population to carefully discuss expectations and limitations in explicit detail at assessment, to mitigate the perpetuation of misconceptions and facilitate engagement.

### 5.3.2. Dissatisfaction with counselling

Earlier research indicated dissatisfaction amongst journalists with the counselling services they experienced, therefore, it was perhaps no surprise to identify a similar trend amongst this sample. However, their reported dissatisfaction was not all associated with the same aspects that earlier findings had indicated, for example, previous concerns regarded whether accessing counselling via an EAP may have a

negative impact on career trajectories (Greenberg et al., 2009) and whether confidentiality could be assured, coupled with reports of negative experiences of counselling, with the therapist perceived as 'aloof' and a belief that it would be preferable for the therapist to have a specialist knowledge of working with journalists (Keats & Buchanan, 2009).

This was to some extent echoed by the findings of this study; All of the participants alluded to the fact that they knew I understood what they were talking about due to being a former journalist, Julia was explicit saying 'it's also good knowing you have experienced this sort of thing […] you've got that credibility which is useful' (26, 802-10). Hilary seemed keen to take advantage of my professional experience in relation to her flashbacks. I was aware that the interview was in danger of turning into a therapy session, but also felt it would be ethically irresponsible for me to ignore her confusion, illustrating the confluence of both the researcher and practitioner within me. It became apparent, that I represented something for the participants that enabled them to talk about their experiences and loosely engage with a psychological process, highlighting how their motivation to participate influenced the nature of the sample. While any trained therapist could work with journalists, there seems to be an issue of professional credibility where they have a preference for talking with someone who has knowledge about their work. This aspect of my encounters with the participants prompted me to ponder my own professional identity. Despite my role as a CoP working in the NHS and conducting academic research, I identified with much of what they described. I realised a part of me would always be a journalist and that this was a valuable part of my ongoing identity, however, I now had the clinical skills to formulate, analyse and interpret, ironically facilitating a more objective stance towards the profession which prides itself on being objective.

The participants elucidated specific dissatisfactions with their workplace counselling provisions, including the impersonal nature of a letter with a counselling telephone number and a lack of trust for EAPs. Their cynicism echoed earlier qualitative findings that indicated journalists perceived their employers' offers of counselling as lip service (Simpson & Boggs, 1999). This suggests that the model of opting-in was not well received, and the method of engaging was not perceived to embody the humanistic underpinnings of CoP such as warmth, empathy and unconditional positive regard (du

Plock, 2010). Consideration needs to be given to how best to facilitate journalists' engagement with psychological provisions, including the medium of engagement, such as face-to-face encounters, followed up on Skype or telephone, rather than an initial faceless letter. Psycho-education at an organisational level would help de-stigmatise therapeutic interventions. It would be of value to further investigate this area, canvassing wider opinion amongst management and staff to gain a clearer understanding of perceived need and potential obstacles to engagement with therapy within this context.

### 5.3.3. Changing attitudes towards counselling

While the participants expressed dissatisfaction and some ambivalence towards counselling, there was evidence of changing attitudes personally and within the industry. Hilary explained how counselling was looked at 'then', when she started out, and 'today is something quite different' (10, 319), citing a maturation through personal experience, a lifting of the taboo and personal support. In contrast to some of her ambivalence, Julia proposed compulsory counselling for all staff post-traumatic exposure. Her notion indicates a willingness to engage with therapy and awareness that it is stigmatised and thus not opted into. Some news companies have recently insisted on compulsory staff counselling following major incidents (Hughes, 2011), however, it is unclear how widespread this practice is, and how effective.

A variation on Julia's ideas has been implemented with aid workers returning from postings, whereby staff are required to sign a waiver to opt-out of psychological debriefing (Hawker, 2014). Debriefing, although currently not recommended under NICE guidelines, but experiencing something of a revival due to a review of the evidence base for the guidelines (Hawker, Durkin & Hawker, 2011), falls into three categories of operational, personal and critical incident debriefing (CISD) (Hawker, 2014). Some of the participants experienced operational debriefing; however, none were afforded personal or CISD. In conversation with the author of this report, she explained that when InterHealth operated an opt-in policy for debriefing, 3% of aid workers did so, yet when this changed to opt-out, 97% were debriefed. This policy has de-stigmatised psychological interventions amongst this population, who have been likened

to journalists for the frequency and scale of traumatic encounters they experience occupationally. Media companies could benefit from consulting organisations that work with aid workers, with a view to creating a tailor made debriefing structure for journalists returning from the field, because the evidence indicates that professionals briefed prior to encountering trauma, can be debriefed with minimal psychological disruption after the event (Hawker, 2014). The most effective debriefers are perceived to be 'culturally competent' and have 'credibility' (p. 10) in line with the journalists' wishes. Therefore, briefing and debriefing could form part of workplace practice, facilitated by CoPs, and other mental health practitioners, particularly those with experience of working in news, or who have undertaken workshops, research or training to understand journalist-specific issues.

Debriefing generally takes place in a group setting, amongst peers, so the process normalises and de-stigmatises traumatic experiences, potentially leading to a more supportive work culture. The model has a well-established evidence base with aid workers, which might facilitate ease of application for journalists who are similarly employed locally and as expatriates in hostile environments. Currently the psychological needs of locally employed staff do not seem to feature in psychological literature, and are only occasionally referenced anecdotally. It would be of interest to investigate how local journalists differ from expatriates in terms of psychopathology and experience and whether their psychological needs are met by their employers; Lydia alluded to what she perceived as mistreatment of the family of a local journalist and a sense of responsibility for her staff when she was overseas, highlighting again the myriad experiences the term 'journalist' represents. It would be useful to set up a pilot debrief trial with journalists to gain a sense of whether it could work with this population.

The concept of debriefing aligns with the views expressed by the participants. Julia used the term debrief/ing a number of times when answering questions about counselling, Sarah also said she would have liked a 'chat' (11, 411) with a professional. Both, although of the belief that counselling was probably not suitable for them, would have engaged on a more informal professional level, which did not have an associated psychological stigma. This may have been born out of professional pride, where they were cautious about being perceived as deficient if they consulted a mental health

professional. This is in line with current practice in the military, some emergency services and recent developments in some media organisations, where the TRiM model has been implemented (Greenberg et al., 2009). This may become more widely adopted because the BBC College of Journalism (2015) website currently displays video clips demonstrating how TRiM works, featuring psychologist Neil Greenberg and an actor, accompanied by a detailed explanation of TRiM and PTSD. TRiM facilitates watchful waiting where trained trauma assessor colleagues check in with their trauma-exposed peers with a view to supporting them through the experience and identifying whether psychological input is required, in line with the current NICE guidelines (2005) for trauma treatment. No psychological research has been carried out to assess the efficacy of TRiM amongst journalists, therefore it is impossible to ascertain whether it impacts trauma related stigma or psychopathology. This would be useful to research from both a quantitative and qualitative perspective, particularly in light of the reported competitive newsroom environment; are journalists actually frank about their experiences or does a fear persist that this could harm their careers? A trial study comparing the impact of TRiM and CISD with this population may provide useful pointers regarding how to best support journalists after traumatic exposure, and contribute to the debate about the efficacy of post-traumatic early intervention and psychological first aid.

## 5.4. Limitations

While the findings of this study are limited by the small sample size, and cannot be generalised, they provide insight into the life-worlds of the participants highlighting novel areas of discovery for further investigation. The variation of age, types of experience, job role, employer provisions and marital status within this sample may have decreased the homogeneity of the group and thus limited the validity of the findings, necessitating further study with female journalists. Although, the measures put in place to protect the psychological well-being of the participants ensured an ethically robust exploration, they may have limited the authenticity of the participants who took part; perhaps they were not reflective of female journalists who currently work in news because they formed the minority of candidates who volunteered to take part, thus the results need to be interpreted with that in mind. The self-selecting nature of the participants meant they were motivated, not obligated, to take part. This perhaps means

they were not reflective of other female journalists who did not volunteer. Despite, these limitations, all efforts were made to ensure the validity and reliability of the findings, as outlined previously (Yardley, 2008), and as such their merit can be upheld within the context of the adopted methodology.

## 5.5. Recommendations

The findings of this study are relevant for both media and mental health professionals because they highlight aspects of current practice that could be improved or further considered. These have been touched on throughout the discussion but are listed below in bullet point format for clarity.

### 5.5.1. Recommendations for media

All of the below are recommended to take place transparently, in the workplace, during working hours, with the explicit support of the Human Resources Department and Editorial Management Team.

- Psycho-education to be incorporated into journalism training and followed up throughout career to cover psychological impact of trauma, lack of sleep, alcohol use, being away from home, family, country of birth and possibility of personal resonance triggering trauma.
- Individual opt-out, face-to-face pre-exposure briefings to be offered, on an operational and personal level, with a manager, followed up by a psychologist.
- Individual opt-out, face-to-face post-exposure de-briefing on an operational and personal level with manager, followed up by a psychologist.
- Opt-out CISD offered in peer group setting following all potential trauma exposure, including locally employed news journalists (or TRiM model implementation of peer support network).
- Regular, flexible (in terms of length, location, time, day and medium of delivery) face-to-face, skype or telephone appointments with a psychologist to be encouraged for journalists after initial psychological engagement.

- Annual psychological health checks to be carried out with a psychologist for all news staff; dual purpose to assess mental health and build psychological profile regarding suitability of assignments.

- Psychological well-being to be considered on a par with physical safety and health and safety (i.e. BTEC equivalent qualification in workshop training, with refresher courses and e-learning modules).

- Consultation with organisations who provide psychological first aid to emergency services and aid workers to assist with the development of tailor-made packages of psycho-education, briefing, de-briefing and access to a trained counselling team with knowledge of journalists' life experiences.

- Consultation with occupational psychology experts, with a trauma specialism, such as Noreen Tehrani (2011), to assist in the development of psychological first aid programmes.

## *5.5.2. Recommendations for Counselling Psychologists*

The recommendations below apply to all mental health practitioners who may encounter journalists in a psychotherapeutic context.

- Familiarity with news journalist role; accessed via media outlets, biographies of journalists, academic research and specialist workshops.

- Clear explanation of the therapeutic process, expectations of time commitment and personal impact at the outset of therapy.

- Caution with interpretation of psychometric outcomes, recommended follow-up with face-to-face assessment or interview.

- Use of PTG scales and willingness to engage in THRIVE model.

- Transparent curiosity and authentic interest in the journalist's life experience, bracketing assumptions based on media portrayals and anecodotal evidence.

- Psycho-education around trauma symptoms, impact of lack of sleep, alcohol use, living away from home, family and country of birth, on an individual basis and with groups in training and workshops.

- Offer flexibility of frame in relation to the timing and medium of delivery of therapy sessions with individuals, groups and couples.

- Undertake specific training and research in THRIVE, CISD, Trauma-focused CBT, EMDR and TRiM

- Pursue further research avenues related to the psychological well-being of local staff (in hostile environments), the impact of sexual assault on journalists, systemic analysis of group dynamics in news teams, efficacy of TRiM and CISD amongst journalists and the dynamics between couples who both work as journalists.

- Offer consultation to media organisations and liaise with other trauma and occupational experts to devise tailor made psychologically oriented workplace packages to psycho-educate, treat and support news journalists exposed to potentially traumatic news stories.

## 5.6. Conclusion

While the limitations of this research are clear, it is striking that these women all recorded non-pathological outcomes in their initial psychometric screenings, yet on closer examination of their subjective experiences, all indicated multiple trauma responses. In part, this perhaps highlights how unhelpful the screening survey was in terms of pathologising where I aimed to look beyond pathology, however, it also suggests that this population exists largely below the clinical radar of most mental health practitioners. It was perhaps my immaturity as a CoP at the outset of this research, which devised a screening survey that relied on psychopathological scales. In hindsight, I see how the predominant cultural discourse about pathology influenced my design, in particular the perceived need to exclude candidates based on measured levels of psychopathology. This is at odds with the very ethos of CoP, which does not seek to pathologise but engage with the subjective experience of each individual. However, this represents a conundrum that all CoPs face; we work within a world that relies on psychopathological classifications so we need to be fluent in our comprehension and usage of this language to communicate with colleagues, clients and the wider world. Yet our belief system does not conceptualise emotional and psychological difficulties as illness or disease, and our formulations try to make sense of individual circumstances and experiences without labelling. Therefore, the tension highlighted here reflects the inherent reality of being a reflective scientist practitioner (Donati, 2016).

Nevertheless, this does not negate the reality of the journalists' experiences and potential for adverse psychological impact. Therefore, it would seem that a proactive approach to managing the psychological well-being of news journalists is required, one which prioritises mental health on a par with physical health and safety. It is hoped that this research may encourage a convergence of the psychological and media worlds, whereby the stigma associated with psychological interventions can be reduced by inclusion of trauma psycho-education modules into journalism training programmes and the workplace. While this has already begun in earnest with the work of the Dart Programme, it would seem that there is much more to be done, particularly with a focus on journalists' mental health, rather than that of the people they interview and broadcast to.

After focusing on the female perspective in such depth in this study, the question now arises, would the predominantly male discourse previously identified throughout the literature, sound the same with a similar level of scrutiny? It may be that an identical IPA study of male journalists' experiences would highlight similar issues, particularly in light of 'manxiety' and 'Freterosexuals' (Benson, 2015, p.41), however, without the evidence it is pure conjecture. Only further in depth study, eventually of a comparative nature will tell. For now, it is clear that much stigma is perceived to remain in the media workplace in relation to mental health, which is a concern when one considers the influential role the media plays in society in transmitting information to the public. Similarly, the participants' perceived lack of support regarding motherhood reflects poorly on the values of an industry that we all rely on for news. It is hoped that this research may improve conditions for both men and women in the media workplace by highlighting these aspects for further scrutiny, at the same time as ultimately enhancing the quality of the news reports that enter our homes each day.

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# Appendices

*Appendix A: Research Registration (RD1)*

**Form RD1(R)**

## Application to register Research Thesis for the degree of:

Professional Doctorate in Counselling Psychology**:**

LONDON
metropolitan
university

Please complete this form using a word processor
*Students are expected to take personal responsibility for the completion of questions 1,3, 4 and 8 of which questions 4 and 8 must be completed in consultation with their supervisory team.*

| 1. The Student |
| --- |

**Name:** Ruth Schumacher                    Male/ <u>Female</u>
**Date of Birth:** ▮▮▮▮▮▮
**Private Address:**

▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮

**Email:** ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮        **Telephone No:** ▮▮▮
▮▮▮▮

**Particulars of any scholarship or other award held in connection with the proposed research programme:**
N/A

**Qualifications gained** (include place(s) of higher education, courses completed, main subjects classification of award, date and name of awarding body)

Graduate Diploma Psychology Conversion (GBR), London South Bank University, June 2009: Distinction
BA Joint Honours French and History, University Of Warwick, June 1998: 2:1

**Training and experience** (Include details of activities, with dates, relevant to this application and of any research or other relevant papers, books, etc which have been published):

**Training**

Approaching Trauma, 1 day British Psychological Society workshop, 2010
Intensive Counselling Skills 5-day Workshop, London City University, 2009

**Clinical and voluntary experience**

<u>Integrative Counsellor</u>: Westminster Mind, Mainstream Counselling Service, August 2010 - present
Long-term integrative counselling for stress, bereavement, anger, low self-esteem, depression, anxiety, developmental, relational, occupational and familial difficulties

High-Intensity Practitioner: Mid-Essex IAPT, May 2010 -present
Short-term CBT for mild-moderate anxiety and depression, single event post-traumatic stress disorder, anger, stress, low self-esteem and insomnia.
Supportline Volunteer:Victim Support, 2009
Active listening, emotional support and practical advice for crime victims on Helpline

**Media experience**

Senior News Producer: Fuji News Network, 2001-2007
Pitched, researched, produced and directed news stories and features for broadcast on 5 daily bulletins. Coordinated crews, conducted interviews and organised logistics for broadcast in hostile environments and domestic settings.

## 2. Academic Referees: *(see note a)*

N/A

## 3. Name of Collaborating Organisation where appropriate: (*see note b and section 4.7*)

The recruitment pool for this research is anticipated to be news gathering personnel from broadcast and print media organisations including the BBC, Sky News, Channel Four News and Associated Press. The Frontline Club, the Rory Peck Foundation and the Foreign Press Association (FPA) will also be approached in order to access freelancers who are not affiliated to media organisations. Informal approaches have already been made through the researcher's professional contacts as a former journalist. Initial feedback has been positive, with a willingness to cooperate, however, these collaborations have not yet been formalised.

## 4. The Programme of Research

**4.1 Title of the proposed investigation**

**An exploration of female journalists' experiences of covering potentially traumatic news stories**

**4.2 Aims of the investigation:** *(see note c)*

This research study aims to explore the subjective experiences of female journalists who have covered potentially traumatic events as news stories i.e. accidents, natural disasters, civil unrest, kidnapping, murder, war etc. The journalists' lived experience of covering potentially traumatic news stories and the perceived support from supervisors and colleagues before, during and after the event will be explored. The journalists' experience of the availability of, and attitudes towards, help-seeking, namely psychotherapeutic interventions, will also be explored in order to gain insight into their motivation and engagement with psychotherapy, or lack thereof. Therefore, if the participants have previously engaged in therapy the aim will be to explore how it was for them and whether they found it helpful. If however, the participants have never engaged in therapy their views will be explored along with how they imagine it may or may not have been helpful.

It is hoped that learning more about this population will inform Counselling Psychologists, and the wider therapeutic community of practitioners, of potential issues which could impact the course of therapy when working with female journalists with similar experiences. In particular it is hoped that issues related to client engagement, motivation and expectations can be elucidated through this exploration. Moreover this study may be able to provide insight into what the female journalists' experienced as helpful in terms of psychotherapeutic interventions, if they indeed have personal experience of psychotherapy. However, regardless of prior

therapeutic engagement, it is hoped that learning about the female journalists' experiences could contribute to a more effective practice of therapy and Counselling Psychology by raising awareness amongst practitioners of the issues pertinent to this population related to engagement, motivation and expectations. It is anticipated that this learning could also open a channel of communication between Counselling Psychologists and media organisations in relation to appropriate training, provision of counselling services, policy and procedural development.

In a broader sense it is hoped this work might be theoretically applicable in other scenarios where women face potentially traumatic events in relation to their occupation i.e. aid workers, emergency workers, military/security personnel, and as such may be able to inform the wider trauma field by highlighting avenues for future research. Furthermore, this research may have parallel applications in terms of secondary traumatisation for Counselling Psychologists, who, like journalists spend many hours listening to others' experiences of traumatic situations.

**4.3 Proposed plan of work:** *(see note d)*
   Please respond to the first five of the following sub-headings, and the sixth if appropriate:
   (i)      Rationale for the project (*see note e*)
   (ii)     The relationship of this investigation to previous work in the area
   (iii)    Methodology to be adopted, giving reasons (*see note f*)
   (iv)     Proposed sequence of activities (*see note g*)
   (v)      Originality/PhD element of the project (if MPhil/PhD or PhD Direct)
   (vi)     Additional planning requirements (*see note h*)

If completing this form on disk, expand this section as necessary. The recommended length is up to two sides of A4, excluding references.

(i, ii, v) The rationale for this research proposal is located in my professional experience, perceived gaps in evidence gathered from media industry journals and the initial indications from the limited amount of psychologically reliable and valid research available.

Prior to re-training as a Counselling Psychologist the researcher worked as a Television News Producer reporting from war zones and disasters. This first-hand experience of covering potentially traumatic news stories has partly informed the researcher's interest in this currently under-researched area. Counselling was never made available in the researcher's news organisation following exposure to potentially traumatic events. While some colleagues in other organisations were re-assigned or offered counselling, the associated stigma at the time did not give a favourable impression of therapeutic interventions amongst the journalists the researcher worked with. As a Counselling Psychologist in training this personal experience can enhance the reflective element in the proposed research through 'use of self' (McLeod, 2003, p.83), particularly in the exploration of the subjective experience of participants which relies on interpretation in a double hermeneutic process (Smith & Osborn, 2008).

There is a growing field of research into the experiences of journalists who are exposed to potentially traumatic events at work in media industry journals. The research is concerned with aspects of training and de-briefing in a technologically advancing field which is placing increasing pressure on inexperienced journalists to file more content from hazardous locations (Witchel, 2005). The anecdotal data regarding journalists' experiences presented is of interest. It suggests that journalists who write or talk about their experiences tend to cope better than those who film or photograph them which could be relevant for the psychological processing of the event (Himmelstein & Faithorn, 2002). It is also postulated that journalists engage in risky behaviours, such as drinking, taking drugs, being 'wild' or engaging in 'black humour' as a form of 'adaptive regression' to cope with the war, violence and trauma they experience (p.551). However, the methodology employed, such as the identification of interviewees by name and selection of candidates from high profile positions (Himmelstein & Faithorn, 2002; Osofsky, Holloway & Pickett, 2005) raises questions regarding the validity and reliability of the findings. Furthermore, the majority of interviewees are male with a discourse leaning towards bravado (Himmelstein & Faithorn, 2002). The lack of a female perspective in the existing literature has led the researcher to propose this exploration of the female subjective experience by engaging an empirically valid method which provides anonymity for the participants. It is

hoped confidentiality will facilitate an exploration of their subjective experience, including their attitudes, motivations, fears and hopes. The predominance of male perspectives in media industry journals is probably a reflection of more men working in this field (Reporters Without Borders, 2011). However, the role of female journalists in hostile environments remains topical amongst media commentators, most recently following the sexual attack on CBS News Reporter Lara Logan in Tahir Square, Egypt (Trew, 2011). The views and experiences recounted are of interest; however, no empirical measures are evident in the quantification of opinion. It is the researchers' aim to explore the subjective experience of female journalists, employing an ethical, valid and reliable method, with a view to informing media outlets and mental health professionals so this population can be better understood by their colleagues, employers and those who may treat them therapeutically.

This proposal seeks to elucidate the experiences underpinning existing quantitative findings by proposing an original qualitative methodology. The evidence available from quantitative psychological research indicates that journalists who cover potentially traumatic stories experience a high incidence of mental health problems. A survey revealed that 96% of journalists had covered a potentially traumatic news story in the year 2000 indicating an association between negative schema and work-related post-traumatic stress (Pyevich, Newman & Daleiden, 2003). A third of all journalists (embedded with the military and unilateral) surveyed in Iraq reported psychological distress (Feinstein & Nicolson, 2005). However, this research was not impartial because it was funded by CNN, perhaps invalidating some of the findings. Another study compared war-reporting to non-war-reporting journalists; 28.6% of war journalists were found to have a lifetime prevalence of PTSD, higher than the police and similar to combat veterans; 21.4% had major depression and 14.3% reported substance misuse (both above national averages) (Feinstein, Owen & Blair, 2002). This research also revealed war-reporting women drank three times more than non-war reporting women, however, no other outcome measures with gender as a variable were reported. Weidmann, Fehm & Fydrich (2007) identified a correlation between post-traumatic and depressive symptoms with social variables such as a low degree of social acknowledgement by supervisors and colleagues in journalists who covered the Boxing Day Tsunami. However, gender was not taken into account in the analysis, therefore, it is hoped that the exploration of the participants' subjective experiences will offer another perspective on these findings by entering into an individual dialogue which permits the researcher to explore beyond the remit of quantitative analysis. It is hoped the qualitative design may reveal the attitudes related to the participants' experiences and provide an insight into their motivations for subsequent behaviour which cannot be captured in statistical data.

The lack of gender exploration in the existing field demonstrates a gap in the research which makes this proposal original. To date, other psychological studies of journalists have not analysed or interpreted their data according to gender. This seems to be an oversight because there is evidence from meta-analytical trauma studies that the female gender is a vulnerability factor for PTSD; women show more symptoms of PTSD although they are less likely to experience as many potentially traumatic events as men (Tolin & Foa, 2008) indicating that there is a gender difference in response to potentially traumatic events. Indeed, 'gender-related' research, particularly regarding female correspondents has been recommended in a review of the mental health of media personnel by psychiatrists (Osofsky et al., 2005). The report authors highlight that as the number of female correspondents in hostile environments increases so do the considerations regarding their vulnerability to the same degradation and dangers as the women in the local populations they cover. Thus this proposed exploration is already sought by mental health professionals.

There does not appear to be much psychological evidence regarding how many journalists are offered, or engage in, psychotherapy. One American post-9/11 survey of photo-journalists discovered that only 25% were offered counselling following exposure to potentially traumatic events (Newman, Simpson & Handschuh, 2003). Feinstein et al. (2002) commented that although their sample of war-reporting journalists revealed greater levels of psychopathology than the non-war reporting group, they were not more likely to receive either psychotherapeutic or psychopharmalogical assistance. Indeed, they suggest the reason there is a lack of psychological research in this field is due to a 'culture of silence' amongst the media (p. 1574).

Therefore, it is clear that there are many unanswered questions in this field including what access journalists have to psychotherapy, if at all, their experience of it and their motivations to engage or disengage from the process. The exploration of these factors is of benefit to Counselling Psychology, and the wider field of psychotherapy, because this population may have mental health needs which are not currently being met. An interpretation of the subjective experiences of women in this position should enable a greater understanding of what may influence their engagement or disengagement from the therapeutic process and ultimately inform Counselling Psychologists how to work more effectively in therapeutic settings. If the anecdotal claims of the journalistic community can be empirically corroborated this research could lead to closer working relations between Counselling Psychologists and media organisations through the provision of pre-assignment training, access to psychological services while on deployment and the availability of counselling services on return. It is hoped that the interpretation of female journalists' subjective experiences of potentially traumatic news stories may also be of interest to the wider trauma field and inspire future avenues of research into the experiences of women who encounter trauma through their occupation. Furthermore, it is plausible that the findings may be personally and professionally pertinent to Counselling Psychologists, who, like journalists spend many hours listening to others' experiences of traumatic situations. Therefore, this research may have parallel applications in terms of secondary traumatisation.

(iii) The proposed methodology for this study is a qualitative design. It is anticipated that 4 semi-structured interviews will take place at a single time point to explore the subjective experiences of female journalists who have been in the profession for a minimum of five years. This time-frame has been selected to avoid the potentially vulnerable periods which can follow a new journalist's first exposure to potentially traumatic news stories where there is a greater risk of developing depression and PTSD (Osofsky et al., 2005). It has also been selected to maximise the journalists' potential for experiencing a variety of news coverage. Prior to data collection a pilot study will be conducted to test the interview schedule (Appendix F) with 2 female journalists who have covered potentially traumatic events. Access to these journalists will be gained through personal media contacts; however, they will not be acquaintances of the researcher. The outcome of the pilot study and feedback will be discussed in supervision and appropriate amendments implemented. Purposive sampling will be used to select 4 participants for the study. Recruitment will be carried out through a snowball method by contacting professional media contacts at the BBC, Sky News and Channel Four News via an email invitation letter (Appendix A) and word of mouth. Adverts (Appendix A) will also be placed in the electronic newsletters of The Frontline Club, The Rory Peck Trust and the FPA to recruit freelance journalists who are not affiliated to a media organisation.

Candidates who express an interest in taking part in the study will be sent a screening survey (Appendix E) in the post or electronically (if copyright can be cleared). The survey will include three brief psychometric measures for current anxiety (GAD-7), depression (PHQ-9) and PTSD symptoms (Postraumatic Diagnostic Scale (PDS)). The first two measures have been selected because they are widely recognised as valid and reliable indicators of current mood as evidenced by their use in NHS services nationwide. They are also free to use and quick to complete. The PDS will be used because it is aligned with DSM-IV PTSD criteria and it measures symptom severity with consistent reliability and high validity and is a recommended screening tool for PTSD (Foa, Cashman, Jaycox & Perry, 1997). The PDS measures a variety of trauma experiences over time which is likely to be relevant in the assessment of news gathering personnel. If any of the participants meet diagnostic criteria for PTSD they will not be selected for interview. The rationale behind excluding candidates who meet PTSD diagnostic criteria is that dissociation or re-living could occur which might be psychologically harmful for the interviewee and could impact the validity and reliability of the research. Candidates who return 'severe' outcome scores in anxiety and depression, or those who indicate they are currently in therapy would also be excluded from participation due to the risk of distress the interview may pose to someone in a vulnerable psychological state. It is not the researcher's intention to diagnose, however, the initial advert/invitation letter (Appendix A) will have prepared candidates for the fact they may be excluded for their own well-being. Furthermore, the post-screening de-brief letter (Appendix B) will contain signposting to relevant information sources from which the candidate can seek psychotherapeutic help if desired.

The survey will also include a list of potentially traumatic events for the candidates to select if they match their own experiences. This list is based on Foa et al's (1997) findings i.e. accident, natural disaster, war, non-sexual assault, sexual assault, torture, imprisonment and 'other'. A preference will be shown for participants who select more items in the list because it is anticipated they will have greater experience to draw on for the interview. Participants must have experienced at least one item from the list (Appendix E) in a professional capacity in their career, but not in the past six months. The rationale behind the six-month buffer period is to provide adequate time for the participant to process their most recent experiences. This section of the survey will ask candidates to estimate their most recent exposure and overall number of exposures. Participants will also be asked to complete a brief demographic survey including details of marital status, dependents, employment status, alcohol consumption and experience of therapy. Some of the items in the survey may later be used as prompts in the interview, for example if a participant reports an above-average consumption of alcohol this can be explored. Participants will be included in the study if they are female, have been an accredited journalist for a minimum of five years covering a number of potentially traumatic events (excluding the six months before the interview). Participants will be asked to specify their job role/title (i.e. camera operator, sound engineer, reporter, presenter, producer or researcher) and their membership of news gathering accreditation bodies (i.e. the FPA, NUJ or BECTU) in order to verify their credentials. The homogeneous nature of the proposed sample is in line with recommendations for Interpretative Phenomenological Analysis (Smith & Osborn, 2008*).*

Suitable participants will be sent an information letter (Appendix D) and consent form (Appendix C) to ensure they are fully informed about the study with ample time to decide whether to commit to taking part. Dates and locations for the interviews will be negotiated with participants via email. It would be anticipated that they would take place at either the interviewee's place of work, London Metropolitan University, the Frontline Club or the FPA which both offer facilities for journalists in Central London.  Due to the nature of news coverage it is anticipated that interview arrangements will need to be flexible and could get rearranged at short notice due to foreign assignments and breaking news. Before the interviews commence the information sheet will be discussed and participants will be asked to sign their consent forms.

The nature of each interview will be the same. However, it is likely that the questions asked may vary due to the experience of each interviewee. For this reason, the interview schedule (Appendix F) is semi-structured; containing a series of prompts, and as such different directions may be pursued. The schedule explores; the lived experience of covering potentially traumatic stories to gain insight into how the women have made sense of what they were exposed to; perceived support from supervisors and colleagues before, during and after exposure to a potentially traumatic event in order to further explore the findings from Weidman et al. (2007); the availability and attitudes towards 'help-seeking' with a view to understanding potential blocks to motivation and engagement in psychotherapy which can inform the wider field of Counselling Psychology.

The time allocated for the taped interview will be one hour per person; however, the appointment will be for 1.5 hours in order to obtain consent and de-brief. The distress protocol (Appendix H) will be implemented if participants appear to become upset during any of the interviews. Following the interview, participants will be debriefed and given an opportunity to ask questions and discuss feelings that may have arisen during the interview. The verbal de-brief and de-brief letter (Appendix G) will contain signposting to organisations who can be contacted if participants require support or therapeutic interventions.

The recorded interview data will be transcribed and analysed with IPA (Smith & Osborn, 2008). IPA aims to explore how participants make sense of their personal and social world by examining the meaning that particular experiences, events and states of being hold for individuals, focusing on their perceptions rather than an objective statement (Smith & Osborn, 2008). This methodology is therefore an appropriate means by which to explore the subjective experiences of this population, particularly because IPA is considered useful when the topic area in question is under-researched, as is the case in this study (Smith & Osborn, 2008). Moreover, IPA seeks to explore 'life-worlds' asking 'what is this kind of experience like?' (Finlay, 2008) there is a focus on how individuals 'be emotional' rather than 'do emotion'

(Eatough & Smith, 2006). IPA focuses on the perception of *how* the world presents itself to individuals rather than *why*, describing and documenting lived experience rather than providing explanations (Willig, 2001). IPA therefore presents an opportunity to engage with the subjective values and beliefs of the participants in line with the tenets which define the ethos of Counselling Psychology (BPS, 2005). Furthermore it recognises the role of the researcher in the double hermeneutic process of interpretation (Smith & Osborn, 2008) enabling a reflective practitioner stance while working inter-subjectively, interpreting and negotiating between the perceptions and views of the participants (BPS, 2005).

(iv)
**Once approved (August?) – December 2011:** Participant recruitment, data collection and literature review update
**December 2011 – March 2012:** Complete transcripts, begin analysis and write methodology section
**March 2012 – July 2012:** Write analysis and discussion sections, write abstract and submit first draft
**July 2012 – September 2012:** Amendments and revisions
**Throughout:** Keep reflective diary and reference section

(vii)    N/A

**References**

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**4.4 Consider what ethical considerations will apply in this investigation in relation to access, implementation and analysis. If you are attaching a separate application for ethical approval, go to question 4.7. If not, please answer questions 4.4 to 4.6 as fully as possible.**

Ethics form submitted separately, relevant points covered therein.

**4.5 What precautions will be adopted in relation to the health and safety of yourself and others? (where appropriate)** (*see note j*)

**What steps will be taken to ensure the safe and/or ethical disposal of any materials during the course of the investigation? (where appropriate)** (*see note k*)

**4.7 Nature of external links and collaboration**

No formal external links have been made, however the researcher has made informal inquiries with trusted former colleagues in order to ascertain how effective a snowball method could be. It is intended to use the websites and electronic newsletters of the FPA, the Frontline Club and the Rory Peck Trust to recruit participants. Collaboration with these organisations has not yet been approved or formalised.

**4.8 Details of facilities available for investigation (including funding and location)**

It is anticipated that all of the interviews will take place in Central London. Interview locations will be arranged on a case-by-case basis to suit the interviewee's needs. This could be their place of work, a room at London Metropolitan University or in the rooms available for members at the FPA or The Frontline Club in Central London. There may be a cost involved to license the PDS psychometric measure, this remains to be confirmed. It is anticipated that this can be facilitated through the resources room in London Metropolitan University's Psychology Department. No other costs are anticipated beyond travel expenses which will be self-funded.

## 5. The Programme of Related Studies

**5.1 Research Skills Development programme (does the student need to undertake the Graduate School's skills development programme?)**
N/A
**5.2 Details of programme of other related studies to be undertaken (without formal assessment):**
N/A

## 6. Details of Supervisory Team

**6.1 Director of Studies** (*see note m*)

**Name:** Dr. Elaine Kasket

**Qualification:**
Doctor of Psychology in Clinical Psychology (Psy.D.)
Master's in Psychotherapy and Counselling

**6.2 Second Supervisor**

**Name: Dr. Anna Butcher**

**Qualification:**
BSc Psychology
MSc Counselling Psychology
Post MSc Counselling Psychology
DPsych Counselling Psychology

| | |
|---|---|
| **Post held:**<br>Senior Lecturer on Prof Doc in Counselling Psychology<br><br>**Place of work: London Metropolitan University**<br><br>**Experience of supervision of research degrees:**<br><br>**Currently supervising** 10 ProfDoc as Lead Supervisor<br>                        10 ProfDoc as Director of Studies<br><br>**Previously**       8 MA   3 Prof Doc<br>**(successfully completed supervisions)**<br><br>**Any other relevant experience (e.g., research interest, clinical work, practice competencies, supervision, teaching, consultancy in student's preferred area of research)** | **Post held:** Senior Lecturer in Counselling Psychology<br><br>**Place of work: London Metropolitan University**<br><br>**Experience of supervision of research degrees:**<br><br>**Currently supervising**     PhD     7 Prof Doc<br><br>**Previously**      MPhil     PhD     Prof Doc<br>**(successfully completed supervisions)**<br><br>**Any other relevant experience (e.g., research interest, clinical work, practice competencies, supervision, teaching consultancy in student's preferred area of research)**<br>Experience of working in private practice and supervising mainly qualitative doctoral research projects<br>Research interests in men's mental health issues, interpersonal relationships with women and discourses around masculinity; making the transition from being a CoP trainee to CoP trainer |

**6.3 Details of any other person(s) who will act in an advisory capacity (give name, qualifications, post held and place of employment):**
N/A

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## 7. Period of Time for Completion of Programme of Work

**7.1 Date of enrolment in the University:** 10/09
**7.2 Mode of study** (full time or part time): Full-Time
**7.3 Amount of time (hours per week average) allowed for research:** 5-10 (will vary slightly due to client work, course demands and stage of research)
**7.4 Duration of programme (in years):** Three
**7.5 Expected completion of programme:** 09/2012

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## 8. Statement by the Applicant

**I wish to register the research component of the professional doctorate on the basis of the proposal given in the application.**
**I have read, understood, and agree to abide by the Ethical Principles for Conducting Research with Human Participants set out by the British Psychological Society**
**I confirm that I am the sole researcher for the proposed research (if other organisations/agencies are involved in the research, the role the student plays and the contribution made must be made explicit)**
**I understand that, except with the specific permission of London Metropolitan University I may not, during the period of my registration, be a student for another award of London Metropolitan**

**University or of another university.**

**I understand that, except that with specific permission of London Metropolitan University, I must prepare and defend my research thesis in English.**

**Signed**                                                    **Date**

## 9. Recommendation by the Supervisory Team

**We support this student and believe that s/he has the potential to complete successfully the programme of work proposed.**

**We recommend that this student be registered as for the research thesis component of University's degree for the professional doctorate in counselling psychology.**

**Signed**                                                    **Date**

**Signed**                                                    **Date**

## 10. Statement by Head of Department/Director of Research Institute

**I support this application and agree that the required facilities will be available as agreed.**

**Signed**                                                    **Date**

## 11. Notification of Registration on behalf of London Metropolitan University

**I confirm that the student has been registered by the University for the research component for the degree of** Professional Doctorate in Counselling Psychology

**on**                                                    **with effect from**

**Signed**                                                    **Date**

*Secretary to the Research Degrees Committee*

**LONDON METROPOLITAN UNIVERSITY**
**Department of Psychology**
**Professional Doctorate in Counselling Psychology**

DEPARTMENTAL FORMS FOR THE ETHICAL CLEARANCE
OF RESEARCH PROJECTS

The forms below will be used by your Supervisor, the module coordinator and/or the Psychology Department's Research Ethics Review Panel (RERP) to determine the ethical soundness and viability of your proposed research project.

**After submitting this form, you must await notification of ethical clearance before commencing any data collection.**

Insert additional sheets only if absolutely necessary. Your descriptions of your proposed research must be as explicit and comprehensive as possible. If they are too vague to assess the project's ethical soundness and viability you will be asked to resubmit these forms which, of course, will take up valuable time and delay you proceeding with data collection. Ensure that all relevant parts of the form are complete before submitting.

Student Name: Ruth Schumacher

Student number: 09028715

**Contact Address:** ███████████████████████████████

**Email:** ████████████████████████

**Telephone No:** █████████████

**PLEASE NOTE: YOUR EMAIL ADDRESS AND TELEPHONE NUMBER ARE IMPORTANT AS THEY WILL BE USED TO INFORM YOU WHEN YOU HAVE BEEN GIVEN ETHICAL CLEARANCE TO PROCEED WITH DATA COLLECTION.**

**Professional Doctorate in Counselling Psychology**
**Study outline and ethics application: Student's Report**

**Title of study: An exploration of female journalists' experiences of covering potentially traumatic news stories**
**Student name: Ruth Schumacher**

**Student number: 09028715**

**Supervisors: Anna Butcher/ Elaine Kasket**

# 1. Study outline

**Research topic and question. State clearly the topic to be investigated and the research question(s) to be addressed in your study.**

Research topic

The topic of the research is the subjective experience of female journalists who encounter potentially traumatic events as news stories within the remit of their occupation. This topic includes their attitudes towards and engagement/disengagement with/from psychotherapy.

Research question

How do female journalists make sense of their lived experiences of potentially traumatic events?

Sub-questions

How do female journalists experience their supervisors and colleagues before, during and after exposure to potentially traumatic events?

What kind of attitudes do they express towards psychotherapy?

What influences their motivation to engage/disengage with/from the therapeutic process?

**Study design. Outline the proposed design of the study including your methods of data collection and analysis. If an experimental design, state the variables you plan to measure. If a non-experimental design, describe the nature of the study.**

The proposed design for this study is qualitative, enabling exploration of the subjective experiences of the participants in line with the humanistic values that underpin counselling psychology. It is anticipated that 4 semi-structured interviews will be conducted with a homogenous and purposive sample group of accredited female journalists who all have a minimum of five years professional journalistic experience and do not report exposure to a potentially traumatic event in the six months prior to interview. The interviews will last one hour each and the same interview schedule (Appendix F) will be used for each one. There will however, be a degree of flexibility in the schedule in order to respond to the individual differences anticipated in an idiographic approach. The recorded interview data will be transcribed and analysed using Interpretative Phenomenological Analysis (IPA). The double hermeneutic interpretative nature of IPA will enable a reflective practitioner stance which recognises the influence of the researcher's experience in the interpretation of the data, in line with the ethos of counselling psychology. IPA is concerned with exploring how the participants make sense of their personal and social world and the meaning they attribute to events, states of being and experiences (Smith & Osborn, 2008). Therefore it is deemed an appropriate and useful method with which to analyse the anticipated data.

**Participants. Specify the population from which you will draw your participants, how they will be accessed, and how many you will need. Specify any inclusion/ exclusion criteria which will be applied. If you intend to sample from special populations (e.g. School children), indicate what arrangements you have made (or will be making) to gain approved access.**

Purposive sampling will be used to select 4 candidates. Recruitment will be carried out by sending invitation letters via email to the researcher's professional media contacts at the BBC, Sky News and Channel Four News (Appendix A). It is anticipated that there would be a snowball effect via email and word of mouth. Adverts will also be placed in the electronic newsletters of The Frontline Club, The Rory Peck Trust and The Foreign Press Association (FPA) to recruit freelance journalists who are not affiliated to a media organisation (Appendix A). Informal permission has already been granted for this.

Candidates will be screened for suitability in a postal survey (or electronic survey, if an electronic version of the Postraumatic diagnostic scale (PDS) can be arranged) (Appendix E). The survey will contain three brief psychometric measures for current anxiety (Generalised Anxiety Disorder Questionnaire (GAD-7)), depression (Patient Health Questionnaire (PHQ-9)) and PTSD symptoms (PDS). If any of the participants meet diagnostic criteria for PTSD they will not be selected for interview. The rationale behind excluding such candidates is that dissociation or re-living could occur which might be psychologically harmful for the participant outside of a therapeutic context and could impact the validity and reliability of the research. Candidates who return 'severe' outcome scores in anxiety and depression, and those currently in therapy would also not be selected due to the risk of distress the interview may pose to someone in a vulnerable psychological state. If a candidate states they have completed therapy for a non-trauma related issue they can participate in the research. A post-screening de-brief sheet will be sent to participants who are not suitable for inclusion which includes signposting to resources of psychological assistance (Appendix B). The survey will include a list of potentially traumatic events for the candidates to select if they match their own experiences (Appendix E). This list is based on Foa et al's (1997) findings i.e. accident, fire, natural disaster,

nonsexual assault, sexual assault, war, imprisonment, torture and 'other'. A preference will be shown for candidates who tick more potentially traumatic events; participants must tick at least one of the items to be included. The survey also gathers brief demographic data, including marital status, gender, number of dependent children, number of exposures to trauma (including the most recent), job title, accreditation number (in order to verify credentials), units of alcohol consumed weekly (related to earlier findings by Feinstein, Owen & Blair, 2002) and experience of counselling or previous psychiatric diagnoses.

Participants will be included in the study if they are female and an accredited journalist who has been in the profession for a minimum of five years and covered at least one of the potentially traumatic events listed in the survey in a news gathering capacity. A preference will be shown for candidates who select more items from the list of potentially traumatic events because it is anticipated they will have greater relevant experience to draw upon in the interview. Candidates will be excluded if they have covered a potentially traumatic news story in the six months prior to the interview because the recent nature would perhaps not have permitted sufficient time for the candidate to have processed the event to talk about it safely in an interview setting. The homogeneous nature of the proposed sample is in line with recommendations for IPA (Smith & Osborn, 2008) because all of the participants are female, in the same profession, with a minimum of five years professional experience who have all covered potentially traumatic news stories on multiple occasions.

**Procedure. Briefly outline the procedure through which you plan to collect your data (excluding access to participants).**

Prior to data collection a pilot study will be carried out with 2 female journalists who have covered potentially traumatic events as news stories. The necessary adjustments to the schedule will be made with supervisory consultation. Suitable participants who are selected following the aforementioned screening survey will be sent an information letter and consent form (Appendices C & D) to ensure they are fully informed about the study with ample time to decide whether to commit to taking part. Candidates who are not considered suitable, such as those who meet PTSD diagnostic criteria, those who return 'severe' depression and anxiety scores, those who are currently in therapy or those personally known to the researcher will be sent a post-survey de-briefing sheet with signposting to organisations who may be able to offer psychological assistance/interventions (Appendix B). Dates and locations for the interviews will be negotiated with participants via email. It is anticipated that they would take place at either the interviewee's place of work, London Metropolitan University, the Frontline Club or the FPA which both offer facilities for journalists in Central London.

Due to the nature of news coverage it is anticipated that interview arrangements will need to be flexible and could get rearranged at short notice due to foreign assignments and breaking news. It is also possible that the six month buffer built into the design to allow adequate processing of recent potentially traumatic news coverage may eliminate some candidates at short notice. For this reason the researcher will keep a reserve list of candidates who can be approached if the first interviews fail to materialise due to the interviewee's work commitments.

Before the interviews commence the information sheet will be discussed and participants will be asked to sign their consent forms. The interview schedule (Appendix F) for each interview will be the same. The time allocated for the taped interview will be one hour per person; however, the appointment will be for 1.5 hours in order to obtain consent and de-brief. The distress protocol (Appendix H) will be implemented if participants appear to become upset during any of the interviews. Following the interview, participants will be debriefed and given an opportunity to ask questions and discuss feelings that may have arisen. The verbal de-brief and de-brief letter (Appendix G) will contain signposting to organisations who can be contacted if participants require support or therapeutic interventions. The recorded interview data will be transcribed and analysed with IPA.

**Timetable. Provide a timetable for the key stages in you project:**

**Once approved (August?) – December 2011:** Participant recruitment, data collection and literature review update
**December 2011 – March 2012:** Complete transcripts, begin analysis and write methodology section
**March 2012 – July 2012:** Write analysis and discussion sections, write abstract and submit first draft
**July 2012 – September 2012:** Amendments and revisions
**Throughout:** Keep reflective diary and reference section

## 2. Ethics proposals

**Briefing and consent. Specify the <u>content</u> of what you plan to say to participants by way of introducing your planned study. If you intend to omit anything important (beyond explicit specification of your focus), or you plan not to include a consent form, say why. Please provide a copy of your informed consent form. If your questions touch on sensitive issues, please attach questionnaires, interview schedules or examples of questions, unless instruments are well known.**

Participants will be given as much information as possible in an information sheet (Appendix D) distributed via email before meeting and will not be deceived in relation to the purpose of the research. The information sheet will inform

the participant about the purpose of the study and why they have been asked to participate. It will emphasise that participation is voluntary and that withdrawal from the study is possible without explanation. It will however, highlight that it will only be possible to withdraw their data from the analysis until the data aggregation point in March 2012 because the data will become integrated for cross-case analysis. The information sheet will also highlight that the participant is not obliged to continue the interview if it becomes personally distressing. All participants will be asked to sign a consent form prior to the interview. All of the briefing and consent procedures are in line with BPS Ethical Principles for Research (2009).

**Confidentiality. Are there provisions for informing participants of confidentiality and protecting data from infringements of privacy? If there are no provisions, say why.**

The information sheet will emphasise the data protection measures, confidentiality and anonymity afforded to each participant. It will explain that the personal details and information they provide will remain confidential at all times. Participant data will be stored in a password protected file on the researcher's personal laptop in accordance with the Data Protection Act (1998). Any paperwork related to data gathering such as consent forms, surveys and psychometric measures will be kept in a locked cabinet in accordance with the Data Protection Act. It will be emphasised that the data will be collected as part of a doctoral thesis with the aim of eventual publication. For this reason, academic staff will have access to the data, however, all participants will be anonymous in the final report due to use of pseudonyms. Participants' attention will be drawn to the occasions where there are exceptions to confidentiality; namely related to breaches of national security and terrorism or if there is evidence to believe that harm to the participant or others is likely in line with BPS Ethical Principles for Research.

**Debriefing. Briefly say what you plan to tell participants afterwards. If your study could identify vulnerabilities, what do you plan to do (e.g., plans to give participants details of potential sources of help)?**

Participants will be debriefed after the interviews verbally and in a debrief letter (Appendix G). Further information about the study will be provided regarding the design and research question. An opportunity will be provided to discuss any concerns, questions or feelings evoked during the interview. The contact details of the researcher and research supervisor will be provided along with signposting to organisations able to offer support, advice or counselling if required. All debrief procedures are in line with the BPS Ethical Principles for Research (2009).

**Deception. If your study involves intentional deception (other than harmless omissions of aims or focus), give details or write 'none'.**

None

**Special protection of participants. Specify any foreseeable physical or mental harm/ discomfort that your participants could experience as a consequence of participation, and your plan to minimise the risks. If no risk, write 'none'.**

It is possible that talking about covering potentially traumatic events could lead to distress in some participants such as re-living, flashbacks or dissociation. For this reason the distress protocol (Appendix H) identifies different levels of distress and how each level will be responded to, including terminating the interview if the participant shows signs of severe distress. As a counselling psychologist in training the researcher has clinical experience of working with clients with post-traumatic stress disorder and is thus likely to be sensitive to shifts in affect or increasing distress. The debrief will provide an opportunity for the participants to ask any questions, talk about how it felt to share their experiences and signpost to organisations who are able to offer further support and psycho-therapeutic interventions if appropriate. In line with BPS Ethical Principles for Research it is not anticipated that any participant will encounter more risk in the interview than in their life outside of the research.

**Any other ethical issues. Specify any other ethical issues raised by your proposed study (e.g., use of vulnerable population) and say how you plan to address these.**

It is possible that the researcher may know some of the candidates and may have covered some of the stories mentioned in the discussion alongside them because the pool of journalists based in the UK who cover foreign news is not so extensive. If anyone personally known to the researcher volunteers to take part they will be excluded and sent the post-screening de-brief letter. The researcher is aware that some of the interview content could potentially remind her of traumatic situations experienced while working as a news producer. For this reason, use of personal therapy, supervision and a reflective diary will be of paramount importance for this research.

I have read, understood, and agree to abide by the Ethical Principles for Conducting Research with Human Participants set out by the British Psychological Society.

**Student's Signature:**                                                                     **Date:**

*Appendix C: RD1 and Ethics Approval Procedure*

Email to Counselling Psychology cohort from Course Director explaining 'electronic sign off' approval procedure for research:

Dear all,

Further to my last email regarding the above (below), I thought it might be helpful to clarify the procedure for submitting your RD1 and ethics forms, for those of you who are intending to submit for the 1st August deadline.

You should liaise directly with your Lead Supervisor to approve your forms (and appended recruitment materials) in advance of the 1st August. Approved forms will be forwarded electronically by the Lead Supervisor to the Graduate School on or before the August 1st deadline. This process will constitute 'signing off' of students' forms, so no hard copies and signatures will be required. If necessary, your Lead Supervisor will liaise with your DoS regarding approval of your form, you do not need to liaise with your DoS. Any forms not submitted by the 1st August will have missed the deadline and will not be considered by the RSPG.

You should have agreed a timescale for the above with your Lead Supervisor by now, which takes into account any annual leave dates they have.

I hope this is helpful.

Best wishes
Mark

Dr. Mark Donati
Principal Lecturer
Course Leader Professional Doctorate in Counselling Psychology
School of Psychology
Faculty of Life Sciences
London Metropolitan University
Calcutta House
1 Old Castle Street
London E1 7NT


Tel: 020 7320 1110
Email: m.donati@londonmet.ac.uk

*Appendix D: RD1 and Ethics Approval Notification*

Emailed approval to commence research from London Metropolitan University
Research Student Progress Group (25/08/2011):

Dear Ruth,

I am pleased to confirm that at its recent meeting the School of Psychology Research Student Progress Group approved your application to register on the DProf in Counselling Psychology. The Progress Group will be reviewing your progress again in April 2012, so we will be requesting some work in progress in time for that meeting.

The Progress Group were impressed with your submission. They particularly felt it was well presented, interesting and relevant.

Please ensure that you engage with the workshops and on-line courses available through the Researcher Development Programme. Details can be found on the website here:
http://www.londonmet.ac.uk/research/the-research-and-postgraduate-office/current-students/researcher-development-programme.cfm

Please contact me should you need any support or advice.

Regards,
Doreen.

Retrospective confirmation of ethical clearance from London Metropolitan University's
Research and Postgraduate Office (29/03/16)[4]:

Dear Ruth,

I have received from the Faculty a document regarding ethics approvals in January 2011 as recorded by the Committee. Unfortunately, this includes information on several other students so I cannot send it to you for confidentiality purposes. I can however, confirm that the following was recorded for you:

| 09028715 Ruth Schumacher | AB/EK | 1) Collaborating org form to be completed if seeking formal org. Otherwise; **Clear without amendment** |
| --- | --- | --- |

Unfortunately, I was not able to get a copy of the confirmation sent to you.

With regards,
Doreen.

Email from Research and Postgraduate Office (22/03/16):

Dear Ruth,

I have looked through your file and found your ethics application but the version in your file is not signed or dated by anyone. However, the fact that your RD1 registration was approved is an indication that your ethics application was also approved. At that time the Faculty Research Ethics Panel chair would notify

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[4] At the time of submission no certificate of ethical clearance was issued, this has been retrospectively requested through the Research and Post Graduate Office, however, it has not been possible to locate due to incomplete record keeping and staff changes as evidenced in the emails presented.

the student and the supervisors.  I do not have a copy of that confirmation in your file as it does not appear to have been sent to the Research and Postgraduate Office.

I would suggest you contact the current chair of the School of Psychology Research Ethics Review Panel to see if she holds any records dating back to 2011.  Her name is Dr Chris Lange-Kuettner - c.langekuettner@londonmet.ac.uk

With regards,
Doreen.

## Email from current Chair of School of Psychology's Ethics Review Panel (04/04/16)[5]:

Dear Ruth,

The good news is that it is correct that I am the current Chair of the Ethics Committee, so you have found the right person.

The bad news is that my electronic records go only back to 2012 (and these include the records of my predecessor Dr Chris Chandler). I think your only chance would be to ask the predecessor of my predecessor Dr John McCartney whether he happens to have a hard copy or an electronic record of your Ethics permission. I have copied both into this email.

Best wishes,
Prof Dr Chris Lange-Küttner

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[5] No further communication has been received on this matter to date.

*Appendix E: Advert/Invitation email text*

**Research: Female journalists' experiences of covering potentially traumatic events**
Have you ever wondered whether the stories you cover may impact your psychological well-being? There is evidence to suggest that war-reporting journalists have higher rates of post traumatic stress disorder than police, and depression levels above the national average. As a former television news producer, I am well-acquainted with the pressures and thrills of life as a journalist. I am looking for female news gathering personnel to interview as part of my doctoral research as a Counselling Psychologist in training at London Metropolitan University.

I would like to hear from you if you have been an accredited journalist for five years or more and covered any of these types of stories; accidents, natural disasters, war, terrorism, revolutions, riots, murders, sexual or non-sexual attack, fires or hostage scenarios, particularly if you witnessed death or injury and/or felt that your life was at risk. If you have covered one of these types of stories in the past six months, are currently in therapy or have a diagnosis for post traumatic stress disorder it will not be possible to be part of this study. *This study has gained ethical clearance, in accordance with the British Psychological Society guidelines, from London Metropolitan University.*

If you are interested in participating please contact me at ruthschumacher@btinternet.com to register your interest. I will send you an initial survey to assess suitability for inclusion in the research. The survey will contain three brief questionnaires to measure whether you currently display signs of anxiety, depression or post-traumatic stress disorder. It will also include a list of potentially traumatic events and a short demographic survey for you to fill in regarding your experience. This survey is designed as a safe-guarding measure to protect you. If your scores are above a certain cut-off point, which could indicate you are currently psychologically vulnerable, you would not be included in the research for your own well-being. Following receipt of the completed survey further information will be sent to you.

If you are selected to take part in an interview, it will take place in Central London at a time and location to suit your convenience. It will last approximately 1.5 hours and be audio-recorded. The interview will explore your experiences of covering potentially traumatic events as news stories and the support you received from colleagues and supervisors. It will also consider the availability of, and your attitude towards, counselling services through the workplace. Please note all information shared is confidential, anonymous and protected in accordance with the Data Protection Act, 1998. It is possible to withdraw from the study at any time before the data aggregation point in March 2012 and participation is entirely voluntary. This research project is being supervised by Dr Anna Butcher who can be contacted by email Anna.Butcher@londonmet.ac.uk should you require further clarification.

Ruth Schumacher (Counselling Psychologist in Training)

*Appendix F: Post-screening de-brief sheet*

**Research: Female journalists' experiences of covering potentially traumatic events**

Thank you for volunteering to take part in this research study and completing the screening survey. I regret to inform you that you have not been selected to take part in this research because ....[6]. I would like to take this opportunity to draw your attention to some useful resources which can provide further information and psychological support if you are interested.

- **Dart Center for Journalism and Trauma** is a US-based organisation which specialises in providing both education and psychological support to journalists who experience trauma as part of news coverage. Their website offers fact sheets, online learning facilities, recommended dvds and books which offer practical advice and guidance.
  Website: http://dartcenter.org/gateway/journalists

- **Reporters Without Borders** is an international organisation working with journalists on issues of safety, security and training. Their website offers information about the psychological impact of covering news. There is a UK branch and representative.
  Website: http://en.rsf.org/invisible-injuries-that-threaten-10-06-2009,33366.html

- **Samaritans** provides confidential non-judgmental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair. Telephone: 08457 909090

- **Mind** helps people take control of their mental health by providing high-quality information and advice. Telephone: 0845 766 0163.

If you have any further questions, comments or would like to make a complaint about the way this screening survey has been conducted please contact either myself on ruthschumacher@btinternet.com or my supervisor, Dr Anna Butcher, on Anna.Butcher@londonmet.ac.uk.

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[6] A brief explanation can be added depending on circumstances i.e. 'the initial survey returned scores above the cut-off point in anxiety', or 'the survey showed you have experienced a potentially traumatic event in the past six months'.

*Appendix G: Informed Consent Form*

Participant No:

**Consent to participate in doctoral research study**

**Statement by participant**

I confirm that I have read and understood the information sheet for this study. I have been informed of the purpose of taking part in an:

**Interview about personal experiences of covering potentially traumatic events as news stories**

- I understand what my involvement will entail and any questions have been answered to my satisfaction.
- I understand that my participation is entirely voluntary, and I can withdraw at any time without prejudice before data aggregation in March 2012.
- I understand that the interview will be audio-recorded and stored digitally according to the Data Protection Act (1998).
- I understand that all information obtained will be confidential as outlined in the information sheet.
- I understand that the data obtained will be seen by the researcher and academic supervisors and stored in accordance with the Data Protection Act (1998).
- I agree that research data gathered for this study may be published provided that I cannot be identified as a participant through the use of pseudonyms.
- Contact information has been provided should I wish to seek further information from the researcher at any time for the purposes of clarification.

Participant's signature:

Date:

**Statement by Investigator**

I have explained the implications of participation in this study to the participant without bias. I believe that the consent is well informed and that they fully understand the implications of participation.

Name of investigator: Ruth Schumacher

Signature of investigator:

Date:

*Appendix H: Information Letter*

**Research: Female journalists' experiences of covering potentially traumatic events**

You are invited to take part in an interview about your personal experiences of covering potentially traumatic events as news stories (i.e. accidents, disasters, war, terror) in relation to support from colleagues, supervision in the workplace and the availability of counselling. It will take place later this year at a Central London location of your choosing. This letter provides you with further information about the researcher, the purpose of the research, how your identity and personal details will be protected and what to do if you change your mind about participating. Please read this carefully before deciding whether to take part.

Who is the researcher?

I am a former television news producer re-training as a Counselling Psychologist at London Metropolitan University on the Professional Doctorate programme. As a journalist, I covered the 2003 Iraq invasion and the Israeli–Palestinian conflict amongst many other events such as accidents, murders and kidnappings.

What is the research about?

Post 9/11 there has been growing interest in the psychological well-being of journalists. However, very little scientific research has been conducted. Only a handful of studies have investigated the psychological impact of covering potentially traumatic stories. One study found that reporters who covered war had higher post traumatic stress disorder levels than police. However, none of these studies focused on the female experience despite clinical evidence that men and women respond differently to potentially traumatic events. These studies did not ask journalists about their experiences but relied on data from surveys, which is why I am conducting a series of face-to-face interviews. The purpose of this research is to gain insight into how female journalists make sense of their experiences of covering potentially traumatic events as news stories.

What do you need to know before the interview?

You have been selected for interview because the initial survey you returned did not indicate any significant underlying psychological vulnerability. However, it is important to recognise that talking about your experiences could be emotive, there is a possibility you might find it distressing. As a Counselling Psychologist in training, I am experienced in identifying and responding to, signs of distress; therefore I will be carefully monitoring your well-being throughout the interview. You are under no obligation to answer all of the questions, the interview can be paused, or indeed terminated, and you are entitled to withdraw at any point either before, during or after the interview, until the data aggregation point in March 2012.

The interview will be audio-recorded; however, all data will remain confidential and anonymous. Electronic data will be stored in password protected files and the paperwork will be kept in a locked cabinet in compliance with the Data Protection Act, 1998. All papers will be shredded and the audio files destroyed after five-years. This research forms part of a doctoral thesis which may eventually be published, therefore academic staff will have access to the data; however, you will remain anonymous due to the use of pseudonyms. Confidentiality may be broken, in consultation with you, if it is thought you pose a threat to others or yourself or if there is a legal duty.

What will happen on the day?

Before the interview there will be an opportunity to further discuss the information herein before signing an informed consent form. Please bring your media accreditation (FPA/NUJ/BECTU) with you. The interview will last for approximately one hour, however, please allow one and a half hours for the appointment to cover informed consent and de-brief. The interview will explore your experiences of potentially traumatic events and the support you received from colleagues and supervisors. It will also consider the availability of counselling services through your employers.

What if you change your mind?

Participation in this study is entirely voluntary. You are able to withdraw from the research at any point in the process before March 2012. If the interview becomes distressing for you there is no obligation to continue. It will be possible to retrospectively withdraw your data from the study once the interview has been completed if you change your mind. The cut-off point for data withdrawal is March 2012, after which it will become integrated through cross-case analysis. If you have any further questions please do not hesitate to contact me on ruthschumacher@btinternet.com or my supervisor, Dr Anna Butcher Anna.Butcher@londonmet.ac.uk.

*Appendix I: Screening Survey*

| Participant No: |
| --- |

1. Occupational Role/Title: _____

2. Professional Status *(freelance/staff)*: _____

3. Accreditation/Membership *(NUJ/FPA/BECTU)*: _____

4. Age: _____

5. Gender: _____

6. Marital Status: _____

7. Number of dependent children: _____

8. Please fill in the table below according to your personal experience of news coverage;

| Event | I have experienced *(please tick)* | Estimated number of times | Most recent time *(approximate date)* |
| --- | --- | --- | --- |
| War | | | |
| Terrorism | | | |
| Accident | | | |
| Natural disaster | | | |
| Civil Unrest | | | |
| Fear for my life | | | |
| Witness death/injury | | | |
| Murder | | | |
| Fire | | | |
| Kidnapping | | | |
| Sexual Assault | | | |
| Non-sexual assault | | | |
| Imprisonment | | | |
| Torture | | | |
| Other | | | |

9. How many units of alcohol* do you consume per week? _____
*(1 unit = ½ pint of beer, 1.5 units = small glass of wine)*

10. Have you ever had counselling? _____

11. If yes, can you describe what it was for? _____

12. Are you currently in therapy? _____

13. Have you ever had a psychiatric diagnosis? _____

14. If yes, what was it for? _____

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

*Please highlight in bold or colour the answer that most applies to you*

**0 = Not at all**     **1= Several days**          **2 = More than half the days**          **3 =Nearly every day**

**PHQ-9**

1. Little interest or pleasure in doing things                                                    0 1 2 3

2. Feeling down, depressed, or hopeless                                                       0 1 2 3

3. Trouble falling or staying asleep, or sleeping too much                          0 1 2 3

4. Feeling tired or having little energy                                                        0 1 2 3

5. Poor appetite or overeating                                                                     0 1 2 3

6. Feeling bad about yourself — or that you are a failure or have let yourself
   or your family down                                                                               0 1 2 3

7. Trouble concentrating on things, such as reading the newspaper
   or watching television                                                                            0 1 2 3

8. Moving or speaking so slowly that other people could have noticed?
   Or the opposite — being so fidgety or restless that you have been moving
   around a lot more than usual                                                                  0 1 2 3

9. Thoughts that you would be better off dead or of hurting yourself            01 2 3
   in some way

**GAD-7**

1. Feeling nervous, anxious or on edge                                                      0 1 2 3

2. Not being able to stop or control worrying                                             0 1 2 3

3. Worrying too much about different things                                               0 1 2 3

4. Trouble relaxing                                                                                    0 1 2 3

5. Being so restless that it is hard to sit still                                              0 1 2 3

6. Becoming easily annoyed or irritable                                                     0 1 2 3

7**.** Feeling afraid as if something awful might happen                                 0 1 2 3

If you checked off any problems, how difficult have these problems made it for you to do your
work, take care of things at home, or get along with other people?

Not difficult at all          Somewhat difficult          Very difficult          Extremely difficult

## PCL-C

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then bold/highlight one of the numbers to the right to indicate how much you have been bothered by that problem in the <u>past month</u>.

1= **Not at all  2 = A little bit 3 = Moderately 4 = Quite a bit 5 =Extremely**

| | | |
|---|---|---|
| 1. | Repeated, disturbing *memories, thoughts,* or *images* of a stressful experience from the past? | 1 2 3 4 5 |
| 2. | Repeated, disturbing *dreams* of a stressful experience from the past? | 1 2 3 4 5 |
| 3. | Suddenly *acting* or *feeling* as if a stressful experience *were happening again* (as if you were reliving it)? | 1 2 3 4 5 |
| 4. | Feeling *very upset* when *something reminded you* of a stressful experience from the past? | 1 2 3 4 5 |
| 5. | Having *physical reactions* (e.g., heart pounding, trouble breathing, sweating) when *something reminded you* of a stressful experience from the past? | 1 2 3 4 5 |
| 6. | Avoiding *thinking about* or *talking about* a stressful experience from the past or avoiding *having feelings* related to it? | 1 2 3 4 5 |
| 7. | Avoiding *activities* or *situations* because *they reminded you* of a stressful experience from the past? | 1 2 3 4 5 |
| 8. | Trouble *remembering important parts* of a stressful experience from the past? | 1 2 3 4 5 |
| 9. | *Loss of interest* in activities that you used to enjoy? | 1 2 3 4 5 |
| 10. | Feeling *distant* or *cut off* from other people? | 1 2 3 4 5 |
| 11. | Feeling *emotionally numb* or being unable to have loving feelings for those close to you? | 1 2 3 4 5 |
| 12. | Trouble *falling* or *staying asleep*? | 1 2 3 4 5 |
| 13. | Feeling *irritable* or having *angry outbursts*? | 1 2 3 4 5 |
| 14. | Having *difficulty concentrating*? | 1 2 3 4 5 |
| 15. | Being *"super-alert"* or watchful or on guard? | 1 2 3 4 5 |
| 16. | Feeling *jumpy* or easily startled? | 1 2 3 4 5 |

**PCL-C for DSM-IV (11/1/94)** Weathers, Litz, Huska, & Keane     National Center for PTSD - Behavioral Science Division

*Appendix J: Interview Schedule*

Welcome and introduction by researcher: house rules i.e. phone off and distress protocol indicators. Review of information sheet, survey data (to check nothing has changed) and informed consent.

<u>Questions:</u>

1. Can you tell me about your experience of covering a traumatic event as a news story?

   Prompts:
   - What did you do in that situation?
   - How did you feel? (physically, emotionally, mentally)
   - What did you think about in that situation?
   - How did you feel about being in that situation? (choice, requirement, safety)
   - How prepared, would you say, you were for this type of event? (training, experience, support – before/during)

2. Can you tell me what happened after the event?

   Prompts:
   - What was it like for you when you came away from the event?
   - Can you describe if you were offered any form of assistance to deal with your experience? (counselling, GP, medication)
     - If so, how was it?
     - If not, can you imagine how you may have found these things?
   - How would you describe the level of support you received from colleagues and supervisors after the event?

3. Can you tell me what, if any, impact the event has had on you?

   Prompts:
   - Day-to-day life - socially, professionally, personally?
   - What about the way you think other people see/saw you? (friends, colleagues, supervisors, family)
   - Referring back to your screening survey you reported drinking *xxx* units per week – can you talk a bit more about this in relation to this event?

4. Is there anything else you would like to add?

5. How have you found today's interview?

<u>Further Prompts</u>

- What do you mean when you say…
- Can you say a bit more about…
- That's an interesting point, how do you think it relates to…

De-brief with signposting to supportive/informative resources.

*Appendix K: Debrief Letter*

**Research: Female journalists' experiences of covering potentially traumatic events**

Thank you for taking part in today's interview. The recorded interviews will be transcribed and analysed. If you decide you would like to withdraw your data from the research please contact me on ruthschumacher@btinternet.com by March 2012.

Today's interview might have touched on some difficult experiences for you. There are a number of places you could contact for further information or emotional and practical support, including psycho-therapeutic interventions;

- **Dart Center for Journalism and Trauma** is a US-based organisation which specialises in providing education and psychological support for journalists. Their website offers fact sheets, online learning facilities, recommended dvds and books which offer practical advice and guidance.
  Website: http://dartcenter.org/gateway/journalists

- **Reporters Without Borders** is an international organisation working with journalists on issues of safety, security and training. Their website provides information about the psychological impact of covering news. There is a UK branch and representative.
  Website: http://en.rsf.org/invisible-injuries-that-threaten-10-06-2009,33366.html

- **Samaritans** provides confidential non-judgmental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair. Telephone: 08457 909090

- **Mind** helps people take control of their mental health by providing high-quality information and advice. Telephone: 0845 766 0163.

You may be wondering why some of the questions today focused on the level of support you felt before, during and after covering potentially traumatic events. There is some psychological evidence following research conducted with journalists after the Boxing Day Tsunami that there is an association between level of support experienced from colleagues and supervisors and reported symptoms of depression and post traumatic stress disorder. There is also other evidence from the USA that only 25% of photojournalists who covered war and terrorism were offered counselling by their employers. It is hoped that the publication of this research might lead to a greater awareness of the potential psychological vulnerability of female journalists which could lead to improved training and access to counselling services.

If you have any further questions, comments or would like to make a complaint about the way this research has been conducted please contact either myself on ruthschumacher@btinternet.com or my supervisor, Dr Anna Butcher on Anna.Butcher@londonmet.ac.uk.

*Appendix L: Distress Protocol*

This protocol has been devised by a qualified mental health nurse for the purposes of research into PTSD (Cocking, 2008). It is not expected that extreme distress will occur in the interviews; however, this protocol identifies three stages of distress that the researcher will look out for and take the necessary action should it arise.

## 1. Mild distress:

**Signs to look out for:**
1) Tearfulness
2) Voice becomes choked with emotion/ difficulty speaking
3) Participant becomes distracted/ restless

**Action to take:**
1) Ask participant if they are happy to continue
2) Offer them time to pause and compose themselves
3) Remind them they can stop at any time they wish if they become too distressed

## 2. Severe distress:

**Signs to look out for:**
1) Uncontrolled crying/ wailing, inability to talk coherently
2) Panic attack- e.g. hyperventilation, shaking, fear of impending heart attack
3) Intrusive thoughts of the traumatic event- e.g. flashbacks

**Action to take:**
1) The researcher will intervene to terminate the interview/experiment.
2) The debrief will begin immediately
3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation
4) The researcher will recognize participants' distress, and reassure that their experiences are normal reactions to abnormal events and that most people recover from PTSD
5) If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction
6) Details of counselling/therapeutic services available will be offered to participants

## 3. Extreme distress:

**Signs to look out for:**
1) Severe agitation and possible verbal or physical aggression
2) In very extreme cases- possible psychotic breakdown where the participant relives the traumatic incident and begins to lose touch with reality

**Action to take:**
1) Maintain safety of participant and researcher
2) If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform any existing contacts they have with mental health services, such as a Community Psychiatric Nurse (CPN) or their GP.
3) If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
4) If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency)

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*Appendix M: Post-screening international de-brief sheet*

**Research: Female journalists' experiences of covering potentially traumatic events**

Thank you for volunteering to take part in this research study and completing the screening survey. I regret to inform you that you have not been selected to take part in this research because xxx. I would like to take this opportunity to draw your attention to some useful resources which can provide further information and psychological support if you are interested.

- **Dart Center for Journalism and Trauma** is a US-based organisation which specialises in providing both education and psychological support to journalists who experience trauma as part of news coverage. Their website offers fact sheets, online learning facilities, recommended dvds and books which offer practical advice and guidance.
  Website: http://dartcenter.org/gateway/journalists

- **Reporters Without Borders** is an international organisation working with journalists on issues of safety, security and training. Their website offers information about the psychological impact of covering news. There are local representatives in each country. There is also a free emergency hotline via which help can be arranged for you if you are in danger or difficulty anywhere in the world (+33 14777 7414).
  Website: http://en.rsf.org/invisible-injuries-that-threaten-10-06-2009,33366.html

- **Samaritans** is a UK-based charity with international partners which provides confidential non-judgmental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair. Check the international section of the website for your local telephone number or email jo@samaritans.org.
  Website: http://www.samaritans.org/

- **Mind** helps people take control of their mental health by providing high-quality information and advice.
  Website: http://www.mind.org.uk/

If you have any further questions, comments or would like to make a complaint about the way this screening survey has been conducted please contact either myself on ruthschumacher@btinternet.com or my supervisor, Dr Anna Butcher, on Anna.Butcher@londonmet.ac.uk

I: Interviewer

P: Participant 11 (Sarah)

| | | |
|---|---|---|
| 1 | | |
| 2 | I: | So we're just reviewing your initial screening survey to see if anything has |
| 3 | | changed or if there is any further information you want to give me about it. |
| 4 | P: | Yes, well about more or less…more or less every ...I, I, I.. I've not been in the |
| 5 | | middle of a fire fight or in um… I haven't experienced somebody being [laughs] |
| 6 | | sexually assaulted or like that but I've just been in those er… like Iraq, Gaza |
| 7 | | and I've interviewed lots of people who've been through these experiences so |
| 8 | | yes. |
| 9 | I: | Yeah, okay so yeah I understand where you've put in brackets that you mean |
| 10 | | that that's maybe from a distance that you've experienced that or you've covered |
| 11 | | it. |
| 12 | P: | Exactly I haven't seen anybody been killed but I've been out after a bombing or |
| 13 | | something visiting hospitals and stuff like that. |
| 14 | I: | Okay thank you for clarifying that, it's useful to understand that. Okay that's |
| 15 | | great so we've got ...erm ...that's for afterwards ... so if nothing else has changed |
| 16 | | for you there then we can begin if you're alright with that and we've got all of |
| 17 | | your consent and we've talked about the distress protocol as well. Can I just |
| 18 | | check that your mobile phone is off before we begin? I just put mine off. |
| 19 | P: | That is a good point I just thought about I should do that, right now it's off. |
| 20 | I: | And can I remind you again that if at any point you need to stop or, erm, feel |
| 21 | | you can't answer something then that's absolutely fine. We can move on. |
| 22 | P: | Yes. |
| 23 | I: | Alright so first of all I'd like to know if you can tell me about your experience of |
| 24 | | covering a traumatic event as a news story. |
| 25 | P: | Any? [laughs] there's been quite a few |
| 26 | I: | It can be anything yeah, yeah. |
| 27 | P: | Erm… I think it depends a bit what kind of that… there's so many different ones |
| 28 | | [laughs] and I guess the more of a distance there's a different reaction to. Like I |
| 29 | | guess one of the first events and one of the ones I remember most was being, |
| 30 | | er... in Gaza during a bombing raid |
| 31 | I: | right |
| 32 | P: | which was perhaps one of the ones where I felt it closest to myself in a way, eh... |
| 33 | | even though I didn't actually feel that I was going to be the victim of this but I |
| 34 | | guess because it was so powerful and everything was shaking and just the planes |
| 35 | | er, going over us made everything shake and it was so powerful that you realised |
| 36 | | that you really could do nothing [laughs] if it went wrong. Erm… |
| 37 | I: | Can you describe what you… what did you do in that situation? |
| 38 | P: | In this situation because they would normally bomb at night so most people |
| 39 | | would be inside at home and I couldn't really do much I was just in my hotel |
| 40 | | room and I would send a text to a friend [laughs] saying that they were bombing |
| 41 | | and she would send back and said go into the basement and I was like well, I |
| 42 | | don't think there's one [laughs] and that was more or less it I guess I was just |
| 43 | | working in my room um, and I guess as I was not doing news stories it became |
| 44 | | more part of a general experience that kind of… I'd visited some of these bomb |
| 45 | | sites, I don't even remember now if it was the ones hit in this attack or ones hit |

| 46 | | in another attack but I did go out with a Danish policeman who was working |
| 47 | | there training um Palestinian policemen and the police force and we went out |
| 48 | | and I used it to describe what a bombing raid looked like and these particular |
| 49 | | raids were not [tape noise] it was in the middle of Gaza city but the attack was as |
| 50 | | far as I remember this was a police station, um, so luckily there was no, in this |
| 51 | | case, injuries, um… so yeah I wrote that [laughs]. |
| 52 | I: | Can you tell me how did you feel in that situation?  How did you feel |
| 53 | | physically? |
| 54 | P: | When it happened the bombing or the coverage of it? |
| 55 | I: | Whichever one, perhaps when the bombing was happening? |
| 56 | P: | Erm, I just felt it was quite daunting, just kind of this feeling that erm…  I |
| 57 | | couldn't do anything about it and I guess you realise as a journalist that there's |
| 58 | | only so much you can do to protect yourself [laughs].  You will get into |
| 59 | | situations and this was one of them that if there was a mistake even if it wasn't |
| 60 | | deliberate that could just be a mistake in a war zone where you could get killed, |
| 61 | | it just can happen.  In this case I would probably have considered [laugh] it, um, |
| 62 | | a mistake and other experiences I have had have more been worrying because I |
| 63 | | thought if something happened here it would have been deliberate, like there |
| 64 | | were in the middle of the Gaza Strip some check points that you always would |
| 65 | | have to go through and to get from one end to the other which we did a lot, both |
| 66 | | when I was covering it in that January and later on when I worked there I went |
| 67 | | up and down quite frequently.  And um… and you always have to sit there in the |
| 68 | | car sometimes for hours waiting for the Israelis to open the check point and there |
| 69 | | was these concrete towers with no windows but just these little holes with guns |
| 70 | | sticking out and you do ... you did hear about people sometimes getting shot at |
| 71 | | and I was always asked to sit in the front because I was a Westerner to signal |
| 72 | | that there was a Westerner in this car which should make it more safe because |
| 73 | | the Israelis didn't want any problem, and nevertheless you feel very vulnerable |
| 74 | | when you can't see the face of the people, the person who holds the gun, so |
| 75 | | that's one of the things that I wrote down as feeling of being in a situation where |
| 76 | | your life was in some kind of danger because you knew it could happen.  It |
| 77 | | probably wouldn't but it was just quite an uncomfortable situation.  Other |
| 78 | | similar things, situations was for example in Rafa which is the south of the Gaza |
| 79 | | Strip um… terrible refugee camp there and on the border towards the Jordanian |
| 80 | | border there were frequent house demolitions by the Israelis and we would |
| 81 | | sometimes go there for ... to cover both with these field workers for the human |
| 82 | | rights organisation or I would go as a journalist to cover the story of some of the |
| 83 | | people that had their houses demolished, sometimes just to see it to keep |
| 84 | | understanding the situation and again you had these concrete towers on the other |
| 85 | | side you knew there were people getting shot at frequently, and there were |
| 86 | | people getting <end sample>. |

*Appendix O: Sample pages of three-column analysis*

**Table of emergent themes and exploratory comments: Julia[7]**

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**Key:**

Descriptive comments
*Linguistic comments*
Conceptual comments

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| Emergent Themes | Transcript 1: Julia | Exploratory Comments |
|---|---|---|
| | P: I'll just get a tissue this weather just makes my ... everything run. | Establishing rapport |
| | I: Yes, it's pretty cold. Can I just check with you as well that nothing major has changed since you filled this in? | Congruent response – rapport building Checking still meet eligibility criteria, looking at screening survey. |
| *Self-deprecation* | | |
| | P: No. I don't think so. | *Vague* response |
| | I: Okay so it's much the same? | Seeking clarification *Non-comittal re survey.* As a producer need a good memory and attention to detail – is this self-deprecating? |
| Black humour | P: I mean my memory's pretty bad so um, it's just kind of guess work but um… no I haven't been anywhere or done anything. | |
| | I: Okay, okay. Right, alright. | Use of humour – *sarcasm, black humour.* Could she be trying to establish our common ground as journalists? I respond accordingly – shared laughter indicates shared understanding |
| *Multiple trauma* | P: Unless you count the newsroom as a hostile environment which … | |
| | I: Some people might I suppose. | |
| | P: [Laughter]Yes. | |
| Emotional Detachment – positive | I: Okay, so the first question is can you tell me about your experience of covering a traumatic event as a news story? | Response suggests that she has experienced more than one event as traumatic |
| *Natural disaster* | P: One in particular? | Initial hesitation – perhaps while deciding which event to focus on. |

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| | | |
|---|---|---|
| *(earthquake)* | I: Yes, one in particular. | Short-notice flight and drive quickly leads to description of how she is usually emotionally detaches. (*devastation*) |
| | P: Erm, I guess it's probably the most… one that affected me the most was Haiti at the beginning of last year, um… and I flew out at | Good at emotional detachment <u>Suggestion that it is a good thing to be emotionally detached?</u> |
| *Visible violence* | very short notice and it took us a while to get there and we drove in via the Dominican Republic and I mean the devastation at that scale, I've never – I've always been quite good at emotionally detaching myself from | Sensory descriptions of heat, smell. Emotional/pejorative responses – *shocking, awful* <u>Was this her gut response to describe as awful and 'professional' or more balanced journalist view quickly re-dressed the balance by qualifying that the people are 'not very nice to each other'</u> |
| Lack of personal safety | a story, I've never really been involved, but that was shocking and it was so hot, the smell was quite bad and Haiti's such an awful country, I mean amazing country but the people are not very nice to each other so even if, even people | *Speech a bit jumbled* – not clear what she means – if people hadn't what? <u>Is this a reflection of unprocessed experience?</u> Bad situation (violent crime) *Side of the road with a gunshot in their head* |
| *Unsafe living conditions* | that hadn't as I was driving out of Haiti when we left two and a half weeks later, three weeks later there was someone on the side of | *Matter of fact description of gunshot victim* Earthquake aftershocks Narrative starts shifting to other experiences of earthquakes. <u>Indicates her experiences are fused together and not distinct entities.</u> |
| 'Selfish' to consider self | the road with a gunshot in their head, so it wasn't just that people were being killed by the earthquake but also the situation in Haiti is quite difficult. And... but the thing that was really hard for me is because the aftershocks you get in earthquake zones and I've been to quite a lot of earthquake zones and um, they err… you never know when they | Multiple earthquake experiences *Hesitation* – <u>Perhaps distracted by thoughts/images of other earthquake experiences?</u> Unsafe buildings in Haiti – physical environment Narrative moves to Japan, earlier in the year Feeling of safety in Japan Impression that buildings are built better <u>Experience closely resonating with my experience of earthquakes while living in</u> |

| | | are coming and because the buildings in Haiti aren't – it's not like when I was in Japan earlier in the year when you kind of feel safe in Japan like it has to be a really big earthquake to knock a building down so we were staying in like a hotel that just ... for to begin with we were just staying in tents and then it got to the stage where we moved into a hotel and it was one of those hotels that looked like if there was a big earthquake it would just concertina like that, erm… so that was quite hard, so that's probably the most traumatic | Japan<br>Narrative back to Haiti – staying in tents<br>*Sentences and experiences merge, no endings and no signposting to location change*<br>*Image of hotel 'concertina' – vivid, inescapable*<br>'Quite hard' – is this an understatement?<br><br>*Selfish x 2* - to consider self. Suggestion that she feels she should not be concerned about her own safety, but that of local people? |
| I: | mm | |
| P: | place I've been but purely, probably selfishly because I was more worried about my own life than the people around me | *Detached, observer, not involved, emotional detachment* |
| I: | mm | |
| P: | who'd been killed which was a bit selfish, but … | |
| I: | Do you want to say a bit more about that idea of being ... feeling that you were | |

*Appendix P: Sample table of themes*

**Table of super-ordinate themes and sub-themes: Hilary[8]**

| Theme Key |
| --- |
| **Number, bold and underlined text: super-ordinate theme**<br>Letter and underlined text: sub-theme category<br>**Letter, underlined and bold text: sub-theme category subsumed from emergent theme**<br>**Bold text and (x number): sub-theme comprised of numerated emergent themes**<br>Normal text: sub-theme |

| Themes | Page/line | Key phrase/extract |
| --- | --- | --- |
| **1.Psychological responses to covering traumatic news stories** | | |
| **a.Trauma x10** | | |
| | P5/ L137-142 | to walk round and see dead bodies, dead bodies on rooftops, dead bodies in trees, on the ground and it was ...erm...it was quite traumatic because I'd never seen... and they weren't the way, they were bloated, black and scorched, there were no fingers, there were just ...looked as though people had mittens on, everything was just ... the skin had just welded together and it was just ...erm ...it was ... it was ...er...traumatic. |
| | P6/ L174-175 | "oh God, you know, I really am so distressed by what I've seen", |
| | P8/ L241-242 | I said "you have no idea how traumatic it was" and I was actually telling him how I felt |
| | P8/ L265-267 | in those quiet moments when I was on my own and reflecting ...erm..I looked back |

---

[8] Pseudonym used to protect confidentiality and anonymity

|  |  |  |
|---|---|---|
|  |  | and it was ...er...erm...I looked back and it was, er...it was very traumatic and I wasn't prepared for it and I wasn't prepared for the legacy of it |
|  | P9/ L296-299 | ...how you can ever recover or how you can ever cope with that sort of thing because people say, "oh it'll be alright", well it's never going to be alright. Not for some people and it's ...it's changed...erm...it was...it was life changing. |
|  | P9/L305 | I'm not even sure I recognised that I was traumatised |
|  | P11/ L387-388 | I still get emotional when I think about Lockerbie and it comes out every Christmas but not as bad as it used to |
|  | P12/ L406-408 | I cried when I got into the cell and I didn't expect to, that suddenly happened ...erm...I and you know, my - I was ambushed, I don't know it just unloaded but |
|  | P12/ L412-414 | I think it was good for me to go back and to confront something that had been traumatic and ...er ...offload it |
|  | P14/L493 | Oh, I'm just so relieved I'm normal [laughs]. |
| **Anger/outrage x2** |  |  |
|  | P8/ L271-275 | I would be sitting round a table on various Christmas Days, happy occasion, all the family's there and I would want ... I would battle to stop myself from crying to say for God's Sake, you know, don't you ever remember what happened and how do you think people in Lockerbie are surviving their Christmases and I...I couldn't imagine how on earth they were getting through it when I was struggling to get through it. |
|  | P8/ L279-285 | the father was helping the kids with the Christmas tree and they heard this huge thundering roar outside and then this ...er...row of aeroplane seats with a couple of bodies strapped in just came through the window and I just think how the hell can you ever recover from that. Your home is your castle, you protect your children the best you can and suddenly out of nowhere in the Scottish borders a row of aeroplane seats with a couple of dead bodies still strapped in just comes through your window, how, you know, how can you prepare for that [laughing]? |
| **Flashbacks x8** |  |  |

| | P3/ L76-80 | it was around Christmas time I think it was about the 21$^{st}$, 22$^{nd}$ of December and that wrecked every Christmas for about 10, 12 years after that, maybe even longer and I would get very emotional when I would hear carols because it just meant that... erm ...it all came flooding back |
|---|---|---|
| | P12/ L415-428 | I was shopping in...er... in ... in Tesco's and I walked round with my trolley and I saw three Taliban soldiers walking down the aisle and I went back with my trolley [laughs] and I thought this is central London, you know that this is not happening, and you look ... I'm looking at everybody and everybody's shopping normally, kids are screaming and people are just... and I went round again and I saw them continuing to walk down [laughing] so I pulled my trolley back again and I just thought you know that this isn't happening and all, you know, I knew it wasn't happening but I could see them as I can see you now. I could see them. And I'm arguing with myself and ...erm ...and then when I went round again they'd gone, but they were ...they weren't ghost images, they were as I see you now and where the hell that came from, or why it happened, I have no idea and ...erm...getting all sort of ...trying to shake my head thinking, what ...what's in there [laughing], what is in there that you can walk around and see these men coming towards you. |
| | P12/ L431-432 | No, I haven't mentioned it to ...erm...I know you're not qualified but I thought well I'll throw it at you |
| | P13/ L435-443 | it just came from no... absolutely nowhere but it was the most bizarre thing because at first I thought that it was maybe an in-store promotion [laughs] and ... you know...God knows what the Taliban are going to promote in Tesco's and when I went round again and saw them again and ...er ... I just thought Jesus Christ...and sort of pulled my trolley back again. I knew what I had seen, my brain's telling me this is crap, it's irrational, they do not exist, I could obviously tell from the reaction of the other shoppers that they couldn't see any Taliban walking down the aisle but I could [laughing] and it was ...er ...I don't know why that ...er... that happened. |