Swinburne University of Technology

An Investigation into Posttraumatic Stress and Posttraumatic Growth among Trauma

Reporting Australian Journalists

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This thesis is submitted for the degree of Doctor of Philosophy

'The world breaks every one and afterwards many are strong at the broken places'

Ernest Hemingway, *A Farewell to Arms.*

Abstract

Objective

Since the 1990s there has been a small but steady growth in the investigation of the effects of trauma exposure on media professionals. Research has identified that 80-100% of reporters have been exposed to potentially traumatic events in their professional capacity. These levels of exposure can induce serious pathogenic outcomes such as posttraumatic stress disorder (PTSD), and other deleterious effects. However, also in recent times, research on alternative trajectories of posttrauma experiences has emerged. A number of models have arisen to clarify these salutary experiences, such as benefit finding, stress related growth and posttraumatic growth (PTG). This thesis draws on Tedeschi and Calhoun's model of PTG which is the most comprehensive, well tested and accepted paradigm of all these models. PTG consists of five domains whereby a person's quality of life posttrauma exceeds their pre-trauma state. No known study has examined PTG and trauma exposed journalists. On this basis this thesis establishes a novel line of enquiry across two disciplines - the journalism and health professions, by bringing together an examination of both pathogenic and salutogenic trauma effects across various groups within the journalism profession, and Australian journalists in particular, using PTG as the measurable, salutogenic outcome.

The research had four main aims: (1) to evaluate the occurrence of pathogenic outcomes in a group of Australian trauma exposed media professionals of varying characteristics; (2) to evaluate the occurrence of salutogenic outcomes in a group of Australian trauma exposed media professionals of varying characteristics (3) to examine a hypothesised model of relationship between pathogenesis and salutogenesis amongst this cohort, and (4) to review the functional characteristics of pathogenic and salutogenic experiences of trauma exposed journalists.

Method

The thesis used a mixed method, cross-sectional design of two studies. Study 1 used quantitative analysis, and Study 2 was a qualitative investigation. Study 1 used a convenience sample of journalists who had self-selected as professionally reporting on a traumatic event according to the definition given in DSM-IV-TR at least once in their career. On this basis participants were regarded as 'trauma reporting' rather than trauma exposed. No non-trauma reporting media professionals were included in the sample.

Study 1 had three sections. Parts 1 and 2 examined 115 Australian media professionals in relation to characteristics of - reporting medium (print, broadcast, camera operators, editors/others), work status (freelance or staff), trauma education and stress management training, war reporting and non-war reporting journalists, and trauma exposure variables of work-related trauma severity, range of potentially traumatic events, and personal trauma history. These variables were analysed in relation to PTSD symptomology, peritrauma as measured by A2 (DSM-IV-TR) (Part 1) and PTG outcomes (Part 2).

Part 3 of Study 1 examined the same sample, and utilised Structural Equation Modelling (SEM) to examine two hypothesised models of direct and mediational relationships. Model 1 included gender, personal trauma history, work trauma severity, peritrauma, and PTSD symptomology to predict PTG. Model 2 used the same variables but replaced PTSD symptoms with the specific cluster symptom of re-experiencing to predict PTG.

The second study, Study 2, used a qualitative approach of Interpretative Phenomenological Analysis to examine interview data from 13 Australian journalists about their experiences, and management, of trauma exposure. This group was also a convenience sample of media professionals who had reported on a traumatic event and had volunteered to

be interviewed in-depth. Aims 1-3 were examined in Study 1, and Aim 4 was examined in Study 2.

Results

The sample of 115 participants was deemed to be of adequate power for examination by SEM according to principles outlined by Bentler and Chou (1987). Outcomes from the first part of Study 1 established that there were significant PTG outcomes evidenced in all four types of journalist groups examined. The characteristic groups were compared only *within* their own characteristic group. Camera operators reported significantly higher levels of personal strength compared to print and broadcast reporters, and editors. Freelance reporters evidenced significantly higher levels of total PTG, and specifically, personal strength and new possibilities compared to staff reporters. Journalists experiencing trauma education reported overall higher PTG, and specifically, new possibilities, personal strength, and relating to others, compared to those not experiencing trauma education. Finally, war reporters' evidenced significantly higher PTG overall, and specifically new possibilities, personal strength, spiritual change and relating to others compared to those not having worked in a war zone. These outcomes contrast with only one significant pathogenic outcome; freelance journalists evidenced higher rates of peritraumatic fear compared to staff reporters. There were no other significant differences on PTSD symptomology or peritraumatic distress.

The second part of Study 1 demonstrated that the most potent variables predicting PTG were personal trauma history, work trauma severity and peritraumatic distress, and not PTSD symptomology as hypothesised. On this basis, it was established that PTSD symptomology and PTG were independent of each other when examined using SEM. Being

a male rather than a female journalist was predictive of both PTG and PTSD symptoms, which was mediated by levels of trauma exposure, which was significantly higher for men.

Study 2 identified four sets of themes within the interview data – *motivators, on the way out, in the field, and returning home*. The first set to emerge reflected reporters' motivations for doing trauma reporting, and comprised two major themes – personal and professional motivations which included four sub-themes each. Sub themes such as being a voice for the voiceless (professional) and self-healing (personal). Such motivations were related to how the journalists subsequently experienced and managed their trauma experience.

The second set of themes, *on the way out* reflected journalist's experiences before they departed on their trauma assignment and included three sub-themes around ways they prepared themselves; experienced organisation support, and felt stress at the anticipation of going out to face the traumatic event. The third set of themes related to the moment of trauma exposure and was termed *in the field.* This included four major themes of experience - *physical*, including what they interpreted as surges of adrenaline; *emotional*, including guilt, or alternatively, exhilaration; *cognitive experiences*, such as consciously writing the internal story whilst watching gruesome scenes, and *existential*, which included the person-journalist dilemma, which was a conflict of identity and how to act in the face of trauma.

The final set of themes captured the posttrauma experience of the media professionals – *returning home* and included five major themes. Some journalists spoke of changes that were both personal and professional, lingering and permanent, and positive and negative. In reflecting on these themes it was found that the journalist's posttrauma, negative effects were not limited to PTSD symptomology. The experience was much broader, and not necessarily at a clinical level, although still adverse. Peritraumatic distress experiences were not limited

to horror, helplessness or fear, but also included experiences such as guilt, dissociation, and elation. Other effects were moral or existential, such as feeling that they had breached their own moral code, or been caught in an existential dilemma about how to act within the confines of the journalistic role in times of human suffering. The themes also demonstrated that growth was inextricably connected to negative trauma effects, but that not all the journalists evidenced growth. Those who did, seemed to have used personal reflection, the support of others, and stepped back from their reporting role for a period, indicating that the transition from negative to positive outcomes was a process, over time.

Finally, to understand the outcomes of both Studies 1 and 2 together, a preliminary framework was established that comprised of three phases – *pre-trauma, challenge* and *growth phases.* Each of these three phases emerged from both the quantitative and qualitative experience of the media professional in the research.

Conclusion

Taken together the findings of this thesis provide initial empirical support for the proposal that posttraumatic growth is present amongst trauma-reporting journalists as a general group, and more specifically in camera operators, war reporters, and freelancers, and those who undertake trauma/stress management education in comparison with those who do not. Additionally, the results highlight that amongst an Australian, trauma reporting cohort, PTG is independent of PTSD symptomology, and is predicted by personal trauma history, work trauma severity and peritraumatic distress. PTSD symptomology is only predicted by personal trauma history and peritraumatic distress. The results also point to the importance of understanding that posttrauma experiences are complex and multifaceted, and may include rich life changes for the better. Qualitative changes are related personal trauma management strategies, including peer and management support and opportunities to reflect, to name a

few. Nonetheless, these findings should be read with caution, as the overall sample size was not large, the sample was one of convenience, and many of the specific characteristic groups analysed were very small. Implications for future research are discussed in light of these outcomes, along with suggested areas to encourage a salutogenic perspective within the media industry.

Ethics Approval

From:	Keith Wilkins [KWilkins@groupwise.swin.edu.au]	Sent: Thu 9/02/2012 4:39 PM
To:	Glen Bates; caitm@optusnet.com.au	
Cc:	Aimii Treweek; Robyn Watson	
Subject:	HESC-SBS Project 01/04 Ethics Clearance and Final Report	

To: Prof Glen Bates/Ms Cait (Catherine) McMahon, FLSS

Dear Glen and Cait

HESC-SBS Project 01/04 The Eye of the Storm- the impact of covering disaster on journalists Prof G Bates/Ms C McMahon, FLSS

I confirm that the above project was approved by the Human Ethics Subcommittee - Social and Behavioural Sciences (HESC-SBS) in line with Swinburne human research ethics requirements operating in 2004. HESC-SBS was a subcommittee of Swinburne's Human Research Ethics Committee (SUHREC).

I also confirm receipt today of a final report on the conduct of the approved human research including that data collection was completed in 2004.

Best wishes for the doctoral thesis submission and examination.

Yours sincerely

Keith
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Dedication

This thesis brings to mind birth…and so, it is dedicated to the one who gave birth to me, my resilient, generous and inspiring mum, Patricia McMahon, and the one I gave birth to, my beautiful son, Daniel McMahon Ghys.

Declaration

I declare that this thesis does not incorporate any material which has been accepted for the award of any other degree or diploma, except where due reference is made in the text. I further declare that to the best of my knowledge this thesis contains no material previously published or written by another person except where due reference is made in the text. I also declare that the ethical principles and procedures specified in the document on human research and experimentation issued by the Psychology Department of Swinburne University have been adhered to, and annual/final reports have been submitted.

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1. Introduction and Overview

Journalists are an occupational group with high rates of exposure to potentially traumatic events (e.g., Newman, Simpson & Handschuh, 2003; Pyevich, Newman, & Daleiden, 2003). These events are capable of producing serious deleterious effects and stimulating negative cognitions about the world and self (Pyevich et al., 2003). The focus of this research was to explore a broader notion of posttrauma outcomes by examining trauma exposed journalists using the theoretical framework of posttraumatic growth (PTG) as proposed by Tedeschi and Calhoun (1995) and Calhoun and Tedeschi (2013). Posttraumatic growth can occur following severe traumatic exposure; severe enough to cause a shattering of assumptions about the world and self (Janoff-Bulman, 1992; Tedeschi & Calhoun, 2004). Growth, is reported to come about as part of the emotional and cognitive struggle to manage the distress of the individual's shattered assumptions, leading to enhanced, positive posttrauma changes (Stockton, Hunt & Joseph, 2011). Researching the relationship of positive and negative trauma effects in the current thesis was intended to extend our understanding of the complex nature of posttrauma experiences. Specifically, it sought to assist those working with media professionals to ensure that trauma management approaches encompass more than just processes for ameliorating negative outcomes, but also consider strategies that include a broader range of adaptation that includes positive consequences.

A misconception when discussing posttrauma, salutary outcomes (positive outcomes), is that there is a belief that it is 'good' to experience trauma because there may be subsequent benefits through transformation or growth (Bloom, 1998). It is argued in the current thesis that trauma effects have the potential to be a significantly debilitating part of the human condition and are not 'good'. Nonetheless, people have an extraordinary capacity to adapt in a multiplicity of ways (van der Kolk, 1996). To investigate both sides of the 'trauma coin', Tedeschi and Calhoun's (1996; 2004; 2013) PTG model was thought to be the most

appropriate paradigm to investigate the positive elements of trauma exposure, as it is the most rigorously researched of all the growth constructs (Ramos & Leal, 2013).

The vast majority of published research on trauma exposed media professionals has focused, importantly, on pathogenic, posttrauma effects such as Posttraumatic Stress Disorder (PTSD; DSM-5, *Diagnostic and Statistical Manual of Mental Disorders,* (5th ed: American Psychiatric Association, 2013) (e.g., Feinstein, Audet, Waknine, 2014; Hatanaka et al., 2010). The few studies that have researched resilient, hardy or protective outcomes of media professionals (e.g., Keats & Buchanan, 2011; Novak & Davidson, 2013; Smith, 2008) have contributed to the understanding that there are alternative trajectories following trauma exposure. These studies follow calls to consider alternative pathways to the posttrauma response other than just vulnerability (e.g., Raphael, 2005; Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2014). The current thesis builds on, and advances this pursuit. Despite this emerging focus to consider alternate trajectories, no known studies have examined PTG in journalists.

It is established that distress is an important element of PTG, and that the two factors co-exist (Tedeschi & Calhoun, 1995). Consequently, confirming the presence of distress, its predictors and correlates is a vital starting point of this research into PTG. To achieve the study aims the current thesis adopted a mixed method design incorporating quantitative and qualitative analysis in two separate but related studies. The quantitative method explored posttrauma effects using validated measures of PTSD and PTG. This allowed for comparisons with other populations and established quantifiable levels of those specific posttrauma outcomes. Whilst important, such a method does not allow for an understanding of what such experiences are subjectively like for individuals. Quantitative measures also disregard a broader range of experiences that people may have posttrauma. On this basis semi-structured interviews elicited meaning and significance of individual experiences,

providing rich data for phenomenological analysis. The combination of these methods permitted a comprehensive investigation of both pathogenic and salutogenic posttrauma experiences, and more specifically, posttraumatic growth. Such a study contributes to both the journalism and health professions in opening up a new line of enquiry.

1.1 Thesis Overview

Chapter 2 provides a review of the literature underpinning trauma management theories that have emerged from a pathogenic perspective of trauma exposure and outcomes. Emotional processing, dual representation and schema theories were considered. These theories are introduced, and then examined in regard to their contribution to understanding PTSD aetiology; the main clinical model used to understand pathogenic trauma reactions. These three theories were chosen because of their influence in trauma thinking, and they span different elements of cognitive-emotional-social perspectives of understanding trauma. This is followed by an exploration of the various issues related to PTSD, such as the inclusion/exclusion of subjective distress, and risk factors and prevalence rates for both general and high risk populations.

Chapter 3 reviews literature regarding journalists as a high exposure profession, with a focus on predictors of PTSD symptomology and negative trauma effects amongst this group. It is argued that whilst a pathogenic perspective of trauma is necessary, it is incomplete and limited. The gaps in the literature demand a more comprehensive perspective of trauma effects on journalists to be taken, that includes positive outcomes of trauma exposure.

Building on gaps in the literature identified in Chapter 3, Chapter 4 presents literature examining salutogenic trauma theories such as Sense of Coherence and resilience, and finally introduces posttraumatic growth as the exemplar. Research is reviewed highlighting that the majority of trauma exposed individuals do not experience PTSD or pathogenic effects.

Research examining predictors of PTG; growth in occupational settings, and the notion of illusory growth is examined. The chapter concludes by investigating the relationship between pathogenic and salutogenic trauma effects, especially PTSD and PTG, as well as arguments around the validity of the growth construct.

Chapter 0 presents the rationale for the research design, which was to examine four aims. Aim 1 is concerned with the investigation of pathogenic effects within groups of Australian journalists; Aim 2 relates to the examination of salutogenic effects amongst the same groups; Aim 3 is concerned with testing a hypothesised model of trauma exposure and trauma effects to predict PTG, and Aim 4 relates to exploring the phenomena of trauma exposure on journalists. These aims are organised into two separate but connected studies. Study 1 includes Aims 1-3, and uses quantitative methods, and Study 2 is concerned with Aim 4, and uses qualitative methods.

Chapter 6 introduces Aims 1 to 3 of Study 1, by presenting the hypotheses, research questions, methodology, results and brief discussion. Study 1 included 115 participants, and used univariate and bivariate analyses to examine PTSD symptomology (Aim 1), and PTG (Aim 2) amongst various groups of journalists. Aim 3 is concerned with the outcomes of a Structural Equation Modelling to evaluate a hypothesised model of mediation, to predict PTG amongst the 115 participants.

Chapter 7 presents Study 2, the qualitative study which addressed Aim 4 of the thesis. The chapter first explains Interpretative Phenomenological Analysis (IPA), followed by a personal reflective statement. This is followed by the method used for data collection, and data analysis, using IPA to explore the trauma reporting experiences of 13 Australian media professionals. This method was used to gain a deeper insight into the posttrauma experiences of journalists in Australia.

Chapter 8 brings together outcomes from both Study 1 and Study 2 by presenting a framework for understanding both studies. The chapter presents a general discussion of the findings, according to the four aims of the research, research questions and hypothesise. Commonalities and differences are drawn out, and practical implications for the study are presented, as well as methodological concerns and directions for future research.

2. A Pathogenic View of Trauma

In an attempt to understand the ways that individuals manage and process traumata, theorists have empirically researched a number of models that contribute to this understanding. Influential amongst these theories are emotional processing theory (e.g., Foa and Kozak (1986), dual representation theory (Brewin, Dalgleish & Joseph, 1996; Brewin, Gregory, Lipton & Burgess, 2010) and the social-cognitive theories, specifically the shattered assumption theory (Janoff-Bulman, 1992). This chapter provides an overview of these theories, and their relationship to the dominant paradigm of clinical trauma effects, PTSD, as a necessary foundation of this thesis. This review is followed by an explication of PTSD prevalence rates and risk factors in both the general population and high risk occupations to give a comprehensive understanding of pathogenic perspective of trauma response. It is acknowledged that there is increasing support for biological and neurophysiological risk factors related to posttrauma outcomes (e.g., Schmidt et al., 2015), however the current study will only examine psychological factors and theories.

2.1   Emotional processing theory

Emotional processing theory, as introduced by Foa and Kozak (1986), and later enhanced by Foa and Rothbaum (1998), is based on the concept of fear activation. The theorists proposed that pathological fear activation is different from normal fear activation in that it is excessive, and often distorted, and creates a 'fear network' in memory. The theory suggests that when trauma exposure occurs, the fear structures in the memory of people with pathological trauma reactions becomes distorted, and people who experience such pathology create two distorted cognitions about themselves and their world (Foa & Rothbaum, 1998). The first distortion is that the world is an exceedingly dangerous place, in fact too dangerous to exist alone. The second is about the individual themselves; that they are extremely incompetent and can't cope with their reactions and emotions (Foa & Rothbaum, 1998).

These distorted cognitions in the fear structure are understood in emotional processing theory to be different to non-traumatic memory information held by an individual. The work of Foa and colleagues built on early classical theories of stimulus and response, but within the context of trauma stimulus and response.

Although making a significant contribution to the understanding of posttrauma mechanisms, the research conducted by Foa and colleagues (1986; 1998) has nevertheless been criticised for not establishing why fear networks only develop in some individuals and not others. Nor have they provided an explanation about the unconscious cues that are stimulated in some individuals (Brewin et al., 1996). It has also been proposed that emotional processing theory fails to consider that memory may have more than one pathway, and therefore the trauma-memory interaction may be a more comprehensive process than what is elucidated in emotional processing theory (Brewin & Holmes, 2003). To address these concerns, Brewin et al. (1996) proposed a more complex theory of dual representation.

2.2   Dual representation theory

Dual representation theory suggests that different types of memory may be involved in the trauma-response process (Brewin et al., 1996). The theory posits that two memory systems function at the same time – verbally accessible memoires (VAM's) and situationally accessible memories (SAM's). VAM's include narrative memories that can be retrieved at any time and represent conscious experiences that allow the individual to write or speak about the traumatic experience. It is proposed that they include the autobiographical context of the person, including their historical experiences, current situation, and thoughts about the future. VAM's are limited however, as they only contain information that has been consciously thought about (Brewin et al., 1996). SAM's on the other hand include unconscious processes, that are not readily, deliberately retrievable by the individual as they include sights, sounds and smells from the traumatic event that could not be processed at the

time of experiencing the event (Brewin & Holmes, 2003). SAM's are difficult to control as they are also thought to store the individual's physiological trauma response, such as rapid heartbeat, and body temperature changes that were experienced peri-traumatically, or at the time of the event, and remain consciously unprocessed (Brewin & Holmes, 2003). It is proposed that in severe psychopathology, such as Posttraumatic Stress Disorder (DSM-5; APA, 2013), experiences remain in the SAM without the usual connection to VAMs. Further relationships between dual representation theory and PTSD are dealt with later in this chapter.

Successful integration of the two memory paths is required for trauma exposed people to function symptom-free posttrauma. This occurs when memories are assimilated in a way that allows them to integrate the trauma information in both memory streams. Two possibilities of integration are proposed by Brewin and Holmes (2003). The first is through cognitive re-appraisal of the traumatic experience that permits new found perceived control, along with integration of new trauma information with formally held, pre-trauma beliefs. The second aspect necessary for integration is to manage the automatic, intrusive experiences, or SAMs that intrude about the traumatic event (Brewin & Holmes, 2003).

In a similar vein to Foa, Brewin's research has contributed in a profound way to current understandings of trauma reactions, and management. However, it too is not without criticism. Hobfoll (2014) proposed that Brewin and colleagues' dual representation theory is based on assumptions that have only been tested amongst clinical samples where those involved identified specific target events. Hobfoll (2014) proposed the theory does not take into consideration multiple trauma exposures of non-clinical populations, and on this basis the theory is unfounded. Hobfoll (2014) posits that trauma theory should not limit itself to fear response (as in emotional processing theory) or memory (as in dual representation theory), but a broader range of experiences. Whilst Hobfoll (2014) refers to external social

influences such as social supports impacting on the trauma experience (and is reviewed further in Chapter 3), social-cognitive theory attempts to straddle both the cognitive processing realm, and that of a person's internal social cultural frames of reference and belief systems.

2.3   Schema based-social cognitive theory

Exponents of social-cognitive, or what are also known as schema-based theories, hypothesize that people have basic beliefs and suppositions of how the world operates, and how they perceive themselves in this world (these beliefs are the basis of schemas). One of the earliest schema theorists, Bartlett (1932), established that individual memories are not fixed, but are changeable according to people's stereotypes, cultural frames of reference and belief systems – foundational elements of what he called 'schema'. It is proposed that when people experience severe trauma exposure, the severity of the trauma experience has the capacity to undermine and change their schemata.

A more contemporary schema theorist, Janoff-Bulman (1992) identified three important assumptions, or basic schemas that she felt sustained human beings – that the world is a safe and caring place; the world is a meaningful place to be, and the self is precious and worthy. When an unexpected, negative event occurs such as a traumatic episode, these assumptions are said to be 'shattered'. That is, people doubt, and can no longer adhere to previously held assumptions that the world is safe meaningful. There is a trauma-induced 'seismic shift' that causes previously held assumptions to be questioned or broken apart; that is, shattered (Janoff-Bulman, 1992; 2004).

Each of these theories contributes to our current understanding of pathogenic posttrauma experiences, especially PTSD, which has been the focus of much research since its inclusion in DSM-III (3rd ed: APA, 1980). Whilst not definitive, these theories attempt to understand the emotional, cognitive, social and behavioural responses to severe trauma

exposure. They present theoretical possibilities for what has eventually resulted in the current definition of PTSD in DSM-5. The next section reviews the development of the more recent DSMs, as this thesis straddles both the DSM-IV-TR (4th ed. text rev: APA, 2000) and DSM-5 (APA, 2013). That is, the initial foundations of the current research, and data collection occurred in the context of DSM-IV-TR. However, the thesis write-up has occurred during DSM-5. On this basis the changes occurring across the DSMs are outlined, followed by a consideration of attempts to understand the diagnostic aspects of the Disorder.

2.4   PTSD Developments in the DSM

PTSD as a formulated diagnosis emerged from the fallout of the Vietnam War. It was through the struggle of health practitioners' attempts to come to terms with the clinical challenges of trauma effects in veterans from that war that the breakthrough occurred. The DSM-III was the first DSM to name posttraumatic stress disorder (PTSD) as a specific and separate diagnosis. A diagnosis of PTSD in the Manual meant that the person had to exhibit symptoms from three clusters which included various ways of re-experiencing the trauma (e.g., intrusive images of the trauma); numbing and detachment symptoms (e.g., social withdrawal) and changes in personality that were not present before the trauma. The other major diagnostic manual, The ICD-10: classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines (World Health Organisation, 1992) also maintains a classification of PTSD. However, the DSM has become the standard manual that psychometric measures have been based on, and on this basis was the classification used in the current study.

In 1994 there was a transition to the next manual, DSM-IV (APA, 1994). In brief, DSM-IV introduced a broadening of how people might experience traumatic events rather than specifying what the traumatic events might be for a PTSD diagnosis (e.g., *"The person witnessed, experienced or was confronted with…"*). DSM-IV also included a wider range of

emotional responses associated with the diagnosis than previous editions (*"Fear, horror and helplessness"*) which gave credence to the idea that different people respond to different events in different ways (Yehuda, 1998). By making these changes to the PTSD diagnosis, the DSM-IV focussed more on the subjective experience of the person rather than the objectivity of the event (Breslau, 2002). The DSM-IV comprised three cluster symptoms; re-experiencing, avoidance and numbing and hyperarousal. Re-experiencing included intrusive cognitions or images, nightmares of the event, or acting or feeling the event was happening again. Distress at reminders of the event and physiological reactions when this occurs. The avoidance and numbing symptom cluster included experiences such as avoiding thoughts or experiences associated with the event, detachment from others. Hyperarousal included problems such as sleeping, exaggerated startle response, and problems concentrating.

In 2000, the aforementioned text revised version of the DSM emerged, DSM-IV-TR. There was very little difference between the two versions in regard to PTSD. This has been followed by the most recent DSM, the DSM-5, which incorporated several changes.

2.5   Changes from DSM-IV-TR to DSM-5

One of the most significant changes from DSM-IV-TR to DSM-5 that is pertinent to the current study is the change in the event criterion. The criterion now stipulates that individuals can experience traumatic exposure resulting in a diagnosable outcome through "Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect, non-professional exposure through electronic media, television, movies or pictures." (DSM-5, p. 271). This change is significant for those researching occupational health risks and outcomes of professionals such as media practitioners. What was once regarded as secondary trauma, and

by implication, not classified significant enough to warrant a diagnosable condition, now has valid, clinical support.

Another area of significant change in the transition from DSM-IV-TR to DSM-5 was the debate about DSM-IV-TR's, Criterion A2, which stipulated the previously mentioned subjective experiences identified as fear, horror and helplessness as necessary parts of the diagnosis. Research supporting the inclusion of these reactions in the DSM-IV-TR, came from field trials undertaken by Kilpatrick et al. (1998) who confirmed a positive relationship between subjective distress and PTSD. Criterion A2 required that a person experience subjective peritraumatic experiences of fear, helplessness or horror, however, the relationship between PTSD and subjective distress (A2) has been fraught during the history of the DSM. It is established that very few people report PTSD symptoms without reporting subjective A2 reactions (Brewin, Andrews, &Valentine, 2000; Brewin, Lanius, Novac, Schnyder & Galea, 2009; Creamer, McFarlane & Burgess, 2005; Kilpatrick, Resnick & Acierno, 2009). Nonetheless, others have argued that a broader range of distressing emotions, not limited to those defined by Criterion A2, should be acknowledged (Brewin et al., 2000).

As Brewin's work evolved he and his colleagues proposed the diagnostic criteria should only focus on observable symptomology, and not subjective peritraumatic distress Brewin et al. (2009). This change would eliminate the subjective nature of the criterion, and limit it to what could be objectively reported or observed in clinical interviews. Despite the prevalence of findings relating subjective distress to PTSD, one of the largest studies to examine this relationship involved over 52,000 people from 21 countries, and found no difference in PTSD symptoms whether A2 was included in an assessment for the disorder or not (Karam et al., 2010). The authors concluded A2 should be used as a risk factor rather than a requirement for diagnosis. Considering the outcomes regarding A2, the American Psychiatric Association (APA) considered whether to eliminate A2 completely in DSM-5 or

retain it (Friedman, Resick, Bryant & Brewin, 2011). Following extensive data analysis and research, the PTSD working group of the APA recommended the elimination of A2, which the APA subsequently followed in DSM-5.

Whilst these studies are all concerned with diagnosis, the perspective taken in the current thesis is shaped by research by Creamer et al. (2005) and Brewin's et al. (2000) work that suggest the inclusion of some form of subjective experience following event exposure recognises emotional responses and ensuing cognitive appraisals in the development of PTSD. On this basis, the current study examined the presence and impact of subjective reactions of horror, helplessness and fear in the thesis, as well as exploring the possible presence of other emotional reactions in the qualitative part of the study.

Further changes were made to the PTSD diagnosis in the most recent version of the DSM. Significantly, whilst maintaining the word 'trauma' within the nomenclature, DSM-5 placed the disorder in its own chapter of 'Trauma and Stressor Related Disorders', moving it out of the anxiety disorders section of the Manual. Such a shift highlights the broader experiences of those with PTSD that go beyond anxiety (Miller & Resick, 2007). In brief, the first change was that the event criteria included exposure to actual or threatened death, serious injury, or sexual violation. Sexual violation is a new addition. The exposure criterion was somewhat changed and includes directly experiencing the event; witnessing it in person; learning about an event as it occurred to a close family member or close friend, or first-hand repeated exposure, with repeated exposure also a new inclusion. Further, if the event is viewed electronically, and is part of the individual's professional role (i.e., police or journalist), then symptoms can be included in the aetiology, but not if an event is viewed electronically for social or leisure purposes. The traumatic effects must cause clinically significant distress, such as impairment of social interaction; ability to work, or other aspects of functioning.

So, in sum, compared to DSM-IV-TR, these changes make a clearer delineation of what is a traumatic event. Subjective experiences of fear, helplessness or horror have been deleted because a number of studies established the criterion had no diagnostic impact on the disorder (e.g., O'Donnell, Creamer, McFarlane, Silove & Bryant, 2010). DSM-5 is therefore more concerned with observable behaviours that accompany the diagnosis such as self-destructive and reckless behaviour, which were not previously included in DSM-IV-TR rather than the subjective experience. To support the inclusion of the self-destructive symptom, numerous studies were called upon that identified such behaviour in traumatised veterans, youth in conflict zones, flood victims, and adult survivors of childhood sexual abuse (Green et al., 2005; Pat-Horenczyk et al., 2007). The previous three cluster symptoms of DSM-IV-TR are now four clusters in DSM-5 - *intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity*. Intrusion includes intrusive memories of the event, such as repetitive traumatic dreams, extended psychological distress or flashbacks. Avoidance refers to avoiding distressing memories, thoughts, feelings or external reminders of the event. Negative alterations in cognitions and mood include a number of different feelings, distorted blame of self or others, to withdrawal from others or loss of interest in previously enjoyable activities, to amnesia of the event, or important aspects of it. Finally, the arousal symptom includes heightened aggression, self-destructive behaviour or risk taking, sleep problems, or hypervigilance. There is also an inclusion of dissociation that was not present in DSM-IV-TR.

All of these changes emanate from a substantial amount of empirical research conducted to assess the efficacy of the nomenclature. Some have already been alluded to, however changes to the intrusive symptoms, for example, were based predominantly on research highlighting the distinction between conscious, deliberate, ruminative thoughts, from involuntary, intrusive imagery. The intention of the change was to separate spontaneous,

intrusive images from the former more deliberate thoughts and perceptions included in DSM-IV-TR. It is believed the spontaneous intrusions are more PTSD related (Friedman et al., 2011).

Nonetheless, there remains controversy around the changes made to DSM 5, with some researchers proposing that the new PTSD criteria are actually detrimental to patient care and undermine years of treatment and epidemiological research (Hoge et al., 2016). These researchers propose that the changes to PTSD nomenclature in DSM 5 are based on a flawed consensus approach and symptom changes that are unsupported by evidence. On this basis the researchers strongly propose that practitioners continue to use DSM-IV-TR and ignore DSM 5 (Hoge et al, 2016). Further research is no doubt required to examine both the claims of researchers such as Hoge and colleagues, as well as intense scrutiny of the application of DSM 5 in clinical settings.

As previously stated, the three theories posed earlier, emotional processing; dual representation and schema theory have both influenced the formation of the diagnosis, and sought to understand it. The most influential on the disorder has possibly been Foa and Kozak (1986). The next section begins with a further examination of emotional processing theory as it has related to PTSD, followed by dual representation theory and schema theory.

2.6   Emotional processing theory and PTSD

Emotional processing theory (Foa & Kozak, 1986) was called upon to support the inclusion of both the emotional and cognitive reactions in the symptom of re-experiencing in the current DSM-5 (Friedman et al., 2011). The DSM-5 version of re-experiencing creates more specificity by stipulating that both traumatic reminders and associated stimuli can trigger intrusive re-experiencing, rather than the previous, rather unclear statements referring to reminders that 'symbolize or resemble' aspects of the traumatic event. Emotional processing theory posits that intrusive re-experiencing creates a habituated fear pathway (Foa

& Rothbaum, 1998) and has its foundations in early behavioural theorists such as Mowrer (1960).

Mowrer (1960) posited that sexual problems for rape survivors were linked to a conditioned response that related sexual activity to the stimulus of rape. Emotional processing theory (Foa, Riggs, Dancu & Rothbaum, 1993) built on such theory, to establish that avoidance associated with such stimulus-response included conscious acts such as deliberate distraction from trauma reminders and memories Foa et al. (1993). The theorists found that when this mechanism does not function properly an automatic reaction sometimes comes in to play to protect the individual from the distress of intrusive re-experiencing. They called this automatic reaction 'numbing' (Foa et al., 1993). In later research Foa, Riggs and Gershuny (1995) argued that avoidance and numbing were two distinct structures. Numbing was considered to be associated with irritability and difficulty concentrating, and conscious or effortful avoidance associated with intrusive thoughts and an exaggerated startle response. The work of Foa et al. (1995) was the basis of an early argument for the approach subsequently adopted in the current DSM-5 which separated avoidance and numbing.

Further to symptomology, emotional processing theory proposes that hyperarousal occurs in PTSD when fear is evoked by harmless stimuli which become associated with selective threatening memories in the fear network, activating a physiological response (Cahill & Foa, 2007). An example of this mechanism could be if a war veteran becomes extremely jumpy, and experiences a rapid increase in heart rate in response to the sound of celebratory fireworks, which are associated for him, in the fear network, with gun shots.

Therapeutically-assisted recovery via emotional processing can occur through the previously mentioned exposure therapy (Foa & Kozak, 1986), which involves frequent exposure to elements of the traumatic event, or reminders of it, in the hope that the level of fear will decrease over time as the traumatic event is seen as no longer threatening. It is

intended that the traumatic memories become ordinary, narrative memories (Foa & Kozak, 1986). Exposure therapy is identified as one of the most successful and standard forms of therapy for trauma patients and recognized as such in the Australian Government guidelines on PTSD treatment (Australian Centre for Posttraumatic Mental Health, 2007).

2.7   Dual representation theory and PTSD

Prior to DSM-5, Brewin et al. (1996) hypothesized that avoidance and numbing formed part of the 'premature inhibition processing' of trauma experiences. They proposed that this process operates when individuals attempt to avoid or inhibit the distress that occurs from VAMs and SAMs, and if repeated enough times may become automatic. Brewin (2003) suggested such behaviour occurs when there is a significant gap between previously held assumptions and new information coming from the trauma experience; minimal personal support; inability to stop intrusions from SAMs, and poor cognitive development. Premature inhibition was posited as characterised by avoidance and numbing type behaviours such as dissociation and problems with memory and attention.

Under this theory pathology occurs when memories from the traumatic event become 'dissociated' from the non-traumatic, ordinary memory system (Brewin & Holmes, 2003). When memories are dissociated from the ordinary memory system they do not have context, and become activated outside the context of the traumatic event. For example, if details and thoughts of a traumatic event are stimulated, then emotions are also invoked. Similarly, when emotions are stimulated, further cognitions are activated (re-experiencing) When re-experiencing does not dissipate, pathology occurs in the form of PTSD (Brewin et al., 1996). The extent to which this is debilitating for the individual depends on the intensity of the re-experiencing. PTSD hyperarousal symptoms occur when automatic responses in the SAM system become activated; what others call 'cued physiological arousal' (Cahill & Foa, 2007). That is, a stimulus such as an unconscious reminder of the traumatic event occurs (cue), such

as a similar fragrance or sound that was experienced at the time of the traumatic event is experienced again in a benign situation. When this occurs, it activates a response of hyperarousal that manifests through the person's physiology such as rapid heart rate, jumpiness, agitation, and insomnia (Brewin & Holmes, 2003). Recovery under the dual processing theory is said to occur when different and less threatening depictions in the SAM memory system and the primary emotions in the VAM system are processed in a way that enables the trauma memory to be retrieved at will (Brewin & Holmes, 2003). The proposed recovery process supports exposure based therapies (Brewin, 2001).

In light of the impending changes in the DSM-5, Brewin, Gregory, Lipton and Burgess (2010) revised the earlier model of dual processing theory to take into consideration advances in psychology and neuroscience. In brief, their revised model replaced what were formerly called VAMs with a broader, notion of C-reps, which they described as belonging to contextual, memory. This new term takes into consideration that being verbally accessible is not the defining point of the pathway, although they do concede that being verbally accessible will assist in the verbal expression of the experience. C-reps are characterized as either voluntary or involuntary, integrated with previous knowledge, independent of the individual's viewpoint, structured and abstract. SAMs are now known as S-reps, or sensation based memory and is situationally accessible, dependent on viewpoint, and involuntary. This change in S-reps also acknowledges that although still considered to be associated with the PTSD experience of flashbacks, S-reps also have a healthy part to play (Brewin et al., 2010). Suffice it to say this revised dual representation theory, based on visual neural pathways of the memory, is more specific than the previous model (Brewin, 1996). However, whilst the theory has become more specific, it now supports other therapy options for PTSD treatment that include the transformation of visual images, such as Eye Movement, Desensitization and

Reprocessing therapy, imagery descripting, as well as its continued support of exposure

therapy (Brewin et al., 2010).

2.8   Schema theory and PTSD

From the schema perspective, Horowitz (2003) proposed that when traumatic

experiences create internal incongruity with formally held beliefs and appraisals the

individual holds of the world, re-experiencing occurs in an attempt to get new information to

fit with the old schemas and formerly held beliefs. Horowitz postulated traumatic

information is held in what he termed 'active memory'. It is the active memory that pushes

information to be integrated to 'completion' (resolution), but by doing this it induces re-

experiencing through nightmares and unwanted thoughts (Horowitz, 1986). This process

may assist recovery as long as the new information can eventually be processed to the point

where the person can adjust their schemas to the new experience. However, re-experiencing

remains unhelpful when it only produces symptoms without processing occurring. The most

important aspect of this theory is that recovery occurs when both new and old information is

repeated and revised over and over to the point where it becomes congruent. That is, both the

old and new information finally fit together in a cohesive manner. Horowitz referred to this

as the completion tendency (Horowitz, 1986). Interestingly, both the aforementioned theories

of PTSD are underpinned by the basics of Horowitz's (1996) work, although they have

diverged by making the dominant focus on fear and memory networks.

DePrince and Freyd (2002) argued that the shattered assumption theory, coming from

schema theory, offers a trauma model that is not wholly dependent on fear attached to an

event, such as theories proposed above. Instead, it offers a framework that puts emphasis on

the distress emerging from the violation of one's beliefs and assumptions, thus opening up an

alternative line of enquiry (DePrince & Freyd, 2002).

Janoff-Bulman (1992; 2004) posited that, along with the emotional and physical distress caused by traumatic exposure, the individual's assumptions about the world are challenged, disrupted and 'shattered' and are incompatible with their internally held beliefs of safety, justice and vulnerability (Creamer, Burgess & Pattison, 1992). Janoff-Bulman's (1992) work suggested that when an individual is confronted with potentially traumatic events their view of themselves and their previously held perspectives on the world are severely compromised. The person then needs to internally reconfigure who they are in the world and their assumptions surrounding their new 'post trauma reality'.

In the first research specifically examining PTSD in relation to schema processing, Newman, Riggs and Roth (1997) used the term 'theme' rather than 'schema'. Their study examined processing of schematic themes and potential theme disruption across three groups – people with diagnosed PTSD only; people with complex, extreme PTSD (i.e., PTSD from multiple trauma exposures) and people without a PTSD diagnosis. Participants came from hospital outpatient and inpatient centres, student counselling centres and private practitioners. They were screened for 'magnitude' of the event experienced such as combat, sexual abuse, accident and death of a loved one, to name a few. Thematic disruption was measured using face-to-face semi structured interviews in which trauma narratives were examined according to the three thematic coding definitions of 'resolved, unresolved or not relevant themes'.

Newman et al. (1997) proposed that 'traumatic events can challenge existing adaptive themes, foster the development of maladaptive themes, or prevent adaptive themes from emerging' (p. 198). They defined unresolved themes as those that have become trauma-affected, creating a prejudiced or 'biased' way of operating posttrauma. An example could be where a person who previously liked dogs is severely bitten, leading this person to now avoid and dislike all dogs. The theme may later resolve, as the person tentatively starts patting a friend's dog, and begins to think more flexibly about the idea that perhaps only some dogs

are dangerous. Slowly judgments about individual animals come to be made based on their individual characteristics (rather than generalizing), leading to a 'resolved theme', which takes in the cognitive and emotional experience of the trauma and enables the individual to reconnect with the world of dogs in a more flexible way. Finally, a theme that individuals identified as not being problematic in any way was deemed as a 'non-relevant theme' (Newman et al., 1997).

The results showed that taking personal meaning into account for trauma exposed individuals is important (Newman et al., 1997). Individuals with both PTSD and extreme PTSD evidenced a higher number of unresolved themes, and fewer non-relevant themes than those without diagnosable PTSD. Further, those presenting with milder forms of PTSD showed no difference in thematic disruption to non PTSD individuals. These outcomes raised a number of questions about a potential PTSD threshold that may be needed to disrupt cognitive themes or schemas. It also raised questions regarding trauma exposed individuals who hold non-relevant themes – are they more resilient, or do non-relevant themes act as a buffer to trauma exposure?

According to social-cognitive theory how a person manages shattered or disrupted schemas, themes or needs will determine their level of recovery. If a trauma-exposed individual has the capacity to establish congruency between their schemas and new information presented through a traumatic event (either through being flexible with old schemas or establishing new, adaptive ones), then there is the possibility of recovery which also includes the potential for positive reframing and growth, according to Brewin and Holmes (2003).

Each of these theories has assisted the understanding of PTSD over time. They also highlight, along with each of the editions of the DSM, that our understanding of PTSD continues to grow and develop as more empirical data, and divergent ways of thinking about

trauma exposure emerge. The next section of this chapter reviews prevalence rates and risk factors of general population and high risk professions. The following chapter extends this review with a specific focus of trauma effects on the group of interest in the current study, journalists.

2.9   PTSD prevalence rates

2.9.1   General population

Prevalence rates of PTSD vary considerably according to research methodology, sample size, population, gender, ethnicity, event exposure and whether one is examining current or lifetime PTSD. Australian prevalence rates have been established at 1.3% over a 12-month period (Creamer, Burgess & McFarlane, 2001). More recently these results were examined for life time prevalence from the Australian Bureau of Statistics 2007 National Survey of Mental Health and Wellbeing (NSMHWB) which found PTSD lifetime prevalence rates in the Australian population at 6.4%, with PTSD being the highest rate of any of the disorders measured. The survey assessed anxiety, affective and substance misuse disorders amongst 8,841 Australians aged between 16-85 years of age. (Slade, Johnston, Oakley Brown & Whiteford, 2009). These results compare with a 7.8% lifetime prevalence rate in the U.S. for PTSD in the general population, as assessed via the National Co-Morbidity Survey (NCS) (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995). This survey has become the benchmark study in the U.S because of its sampling properties, methodology and design. The NCS was a combination of face-to-face diagnostic interviews and questionnaires of 5,877 people aged 15 to 54 from 48 States in the US (Kessler et al., 1995). Participants were a representative, non-institutionalised sample from the general population that were assessed for a range of psychiatric conditions including PTSD. A more recent replication of this study - the National Co-morbidity Survey-Revised (NCS-R) - used similar methodology but with a sample size of 9,282. This replication reported a comparable lifetime prevalence figure of

6.8% for PTSD in the American population (Kessler, Berglund, Demler, Jin & Walters, 2005). Whilst these rates give an overall picture of PTSD prevalence, there is evidence for gender differences amongst these rates.

2.9.2 Gender

Few Australian based studies have focused on PTSD prevalence rates and gender. Research by Creamer et al. (2001) established no gender differences between women and men in the outcomes from the Australian NSMHWB when they controlled for trauma exposure. They proposed that this may be due to socio- cultural factors, or instrument type. That is, the use of the DSM-IV as opposed to the ICD-10 (Creamer et al., 2001). The gender breakdown of lifetime PTSD prevalence amongst the more recent Australian study was identified as 4.6% for men, and 8.3% for women (Slade et al., 2007).

U.S. research has evidenced significantly higher prevalence rates for women than men (e.g., Breslau, 2009; Tolin & Foa, 2006). Breslau's (2009) most recent review of studies on women and PTSD showed prevalence rates ranging between 7.9 – 13.8% for women, compared to men reporting 3.6 – 6.3%. Breslau's (2009) study on gender is comprehensive, and she has established that gender differences are not the result of type of trauma, such as rape or sexual assault; prior traumatic history; pre-existing psychiatric conditions of depression or anxiety or gender bias in answering measurement instruments. Breslau (2009) concluded that women may be more vulnerable because of higher rates of neuroticism, current anxiety and depression. Although wide-ranging, this study only reviewed a limited number of studies, within the general population. It did not examine those in natural disaster, conflict or other high exposure situations.

Research that identified alternative outcomes to Breslau (2009), such as men having higher rates of PTSD, or no gender differences relates to special populations such as ambulance personnel and the military (Jacobson, Donoho, Crum-Cianflone & Maguen,

2015), where men have evidenced higher rates of PTSD than women (e.g., Bennett, Williams, Page, Hood & Woollard, 2004). Moreover, civilians living in a high exposure conflict zone have been shown to have no gender differences in PTSD (Norris, Foster & Weissharr, 2002; Punamäki, Komproe, Qouta, Elmasri & de Jong, 2005). Early studies within the U.S. veteran community (Kulka et al., 1990) found in the National Vietnam Veterans' Readjustment Study (NVVRS) that more male veterans reported PTSD (15.2%) than women (8.5%). Those with direct war theatre exposure evidenced higher rates of PTSD, with the same gender difference - 35.8% of men and 17.5% of women diagnosed with PTSD.

Such inconsistencies point to the importance of taking into account numerous factors in examining gender differences in research on PTSD. Consideration should be given to factors such as socio-demographics, exposure context and methodological considerations to have a more comprehensive understanding of the interaction of gender and PTSD.

2.9.3   High risk occupations

Most studies of prevalence rates for PTSD in high risk populations such as first responders (emergency personnel such as police, fire, and ambulance) are problematic. These studies tend to use self-report rather than diagnostic interviews, and have small sample sizes, causing sampling bias (Haugen, Evcesa & Weiss, 2012). Nevertheless, one known study that examined prevalence rates using interviews involved 132 Canadian police officers. This study reported that 7.6% of officers had full PTSD and 6.8% had partial PTSD (Martin, Marchand, & Boyer, 2009). Although people were interviewed retrospectively, social support, in the form of peer/colleague emotional support was identified as the strongest buffer against PTSD.

An international meta-analysis examining 20,424 police, ambulance workers, fire-fighters and 'other' rescue workers from 28 studies established an overall PTSD prevalence rate of 10% (Berger et al., 2012). However, participants from Asia (17.9%) had higher rates

than those from North America (11.8%), Europe (7.4%), and Oceania, which includes

Australia (5.7%). Ambulance officers had the highest PTSD prevalence at 14.7%, followed

by 'other' rescue teams at 13.5%, and fire fighters and police at 7.3% and 4.7% respectively

(Berger et al., 2012). Within a specific Australian context, prevalence rates have been

identified at 10% for volunteer firefighters, 42 months after exposure (McFarlane & Papay,

1992).

2.10   PTSD risk factors

2.10.1 General and military populations

Following traumatic exposure many people experience some brief reactions of

distress. However, an assortment of factors determines whether such reactions become

PTSD, and further, whether they become chronic and debilitating (Davidson, Stein, Shalev &

Yehuda, 2004). To comprehend risk factor phenomenology, it is useful to understand the

pathways leading to PTSD as stemming from psychosocial, genetic and biological

foundations as well as from the event itself. Biological factors; developmental stage when

trauma occurs; prior and post trauma; social, and life context all interact with the suddenness,

uncontrollability and the valence of the event to place individuals at more or less risk of

PTSD (Hodgins, Creamer & Bell, 2001; Carlson & Dalenberg, 2000).

A 2003 meta-analysis of PTSD risk factors by Ozer, Best, Lipsey and Weiss (2003)

examined 68 peer reviewed studies and identified seven factors potentially predicting PTSD.

These were; (a) prior traumatic exposure, (b) prior psychological adjustment before the event,

(c) family history of psychological problems, (d) perceived life threat during traumatic

exposure, (e) perceived low level of social support post trauma, (f) peritraumatic emotional

response such as fear, horror and helplessness and (g) peritraumatic dissociative effects.

Proximal factors (those factors closer to the immediate experience of the person) such as

perceived threat of life, perceived low level social support, peritraumatic responses

(subjective emotional responses occurring at the time of exposure or immediately afterwards) of negative overwhelming emotions, and peritraumatic dissociation, predicted PTSD more strongly than distal factors (factors more removed from the experience of the person) such as prior trauma history, family history of psychological problems, and prior psychological adjustment.

Another risk factor meta-analysis by Brewin, Andrews, and Valentine (2000) examined 86 data sets from 77 peer reviewed studies of both civilian and military research of post trauma response. As well as looking at risk factors of PTSD, the analysis reviewed a range of research methodologies including retrospective and prospective studies, use of categorical versus continuous score measurement of PTSD, clinical diagnosis versus self-assessment, differences between male and female samples, and differences between trauma occurring in childhood and that occurring in adulthood. A number of predictors of PTSD where found when combining results from both the military and civilian samples. These included younger age, racial minority status, being female, low socio-economic status, lack of education and lower intelligence (demographic factors); historical factors such as family and personal prior psychopathology, previous life adversity/trauma exposure, and environmental risk factors such as severity of traumata, additional (general) stress in life, and lack of social support (Brewin, et al., 2000). Across the samples, the post trauma factor of low perceived social support was identified as the strongest predictor of PTSD, followed by post trauma life stress. Both of these variables had stronger effects than pre-trauma factors such as prior trauma history or demographic factors (Brewin et al., 2000).

Interestingly, differences emerged when civilian and military samples were examined separately. For example, in the civilian studies, being female was a common risk factor for PTSD but this was not the case in the military research. In military populations race was a common risk factor for men, but not in civilian populations (Brewin et al., 2000).   The

analysis highlighted inconsistencies across studies and showed that results vary across different populations and according to methodology, measures and type of statistical analysis used. Taken together, the meta-analysis of Brewin et al. (2000) and Ozer et al. (2003) indicate risk factors that are proximal to the individual both peri traumatically and post traumatically, are the strongest predictors of PTSD. Specifically, these factors were peritraumatic perceived life threat, negative peritraumatic emotionality and peritraumatic dissociation, along with posttrauma general life stress and low perceived social support. Factors more distal to the person such as family psychopathology, low socio economic and education status and low intelligence were identified as having some, but weaker effects.

The two meta-analyses discussed military and general population risk factors. However, PTSD risk factors of particular non-military, high risk occupations warrant their own examination. By nature of their work, a group called 'first responders' (so named because they are usually called to be first on the scene of an accident or disaster – police, rescue workers, ambulance and fire officers) and other high risk populations experience significant duty related trauma exposure.

A more existential risk factor that has emerged from military research is that of moral injury (Shay, 1991, 1994, 2014, Litz et al., 2009). Moral injury has been found to come from two sources, a) a betrayal of what is morally right, by someone in authority extended to subordinates (Shay, 1991, 1994, 2014) or b) actions taken by an individual that are a betrayal of their own moral compass (Litz et al., 2009). The impact of both forms of moral injury are reported to be the same – erosion of a person's relationships with others, as trust diminishes or is lost. They also experience damage to their principles and motivations. Erosion of these areas can result in experiences of shame, guilt and humiliation (Shay, 2014).

2.10.2 High risk, non-military professions

High risk occupations often face personal threat by nature of their work. For example, police are exposed to potential shoot-outs and other violence, high speed car chases and civilian unrest situations. Ambulance and rescue workers witness gruesome scenes at accidents, and fire-fighters are exposed to the threat of falling buildings, radiant heat exposure and flames. The groups that have been researched extensively in relation to trauma exposure include; emergency responders and rescue workers (e.g., Marmar et al., 2006); ambulance officers (e.g., Bennett, Williams, Page, Hood, Woollard & Vetter., 2005); police officers (e.g., Hodgins, Creamer, & Bell, 2001): World Trade Center (WTC) first responders (e.g., Liu, Tarigan, Bromet & Kim, 2014) and fire-fighters (e.g., Dean, Gow & Shakespeare-Finch, 2003).

Of these studies, a comprehensive meta-analysis by Liu et al. (2014) offers a unique glimpse into the risk factors for psychological injury from a single, large-scale event. The researchers examined risk factors amongst police, fire-fighters, rescue and recovery workers and volunteers involved with the aftermath of the 9/11 attack compared to local residents, office workers or passers-by. Ten studies were included in the analysis with a sample range from $N = 2,087$ to the largest study with $N = 20,294$. Six exposure types were identified which were divided in to two categories – physical and psychosocial exposure. Physical exposure included whether the individual turned up early or later at the scene; how long they worked at the site; if they sustained injury or not, and whether they were exposed to the dust cloud around the site. The psychosocial aspects were whether they lost someone they knew and whether they witnessed horror (such as human remains). The PTSD risk factors across both responders and civilians came from both the physical and psychosocial realms; physical injury, losing someone and witnessing horror as the largest risk factors across both groups. Civilians had higher rates of PTSD than responders, and non-traditional rescue workers had

higher rates than police and fire personnel. These findings suggest that lack of training may be a risk factor. Although this was quite a unique meta-analysis it was not without problems. The analysis only included 10 studies, and of those there may have been some overlap. Further, all the studies included in the analysis used self-report measures, of which the problems have previously been mentioned.

Two further reviews examining high risk professionals, across many roles, in multiple situations, established that risk factors tended to be peculiar to the profession and situation (McFarlane & Bryant, 2007; Skogstad et al., 2013). One-hundred and forty studies involving occupations such as police, fire-fighters and ambulance officers, health care professionals, train drivers, divers, sailors, and bank and postal workers were examined for PTSD risk factors (Skogstad et al., 2013), along with another reviewing 67 studies, with the same concern (McFarlane & Bryant, 2007).

The occupational risk factors that emerged from these studies were personal threat to self or others; peritraumatic fear and arousal, especially for younger workers exposed to threat, and low levels of social support, or poor social support (McFarlane & Bryant, 2007; Skogstad et al., 2013). Further, multiple event exposure (Skogstad et al.,2013), as well as personal threat issues, poor work conditions and equipment not working properly, especially for police and ambulance workers; low self-efficacy, high levels of hostility and fear; lack of role clarity, inadequate time given to deal with a traumatic event, and low level of employment security all contributed to higher rates of PTSD in high risk occupational groups (McFarlane & Bryant, 2007).

McFarlane and Bryant (2007) also took into account organisational stressors as potential PTSD risk factors. These included relationships with supervisors, group morale and cohesion, administrative procedures and work-load. They looked at these alongside event factors such as mass disasters with significant life loss, outbreaks of epidemics, serious

accidents, terrorist events and the accrual of extreme incident exposure. Finally, they reviewed personal variables such as an individual's tendency to catastrophise, or focus on 'worst case scenario' before being exposed to traumata; personal threat of death and injury during incident exposure; death of a workmate, and personal identification with a person or event in which they are responding. For example, if a first responder attends an event where there is a deceased three-year-old girl and they happen to have a three-year-old daughter then trauma effects may be compounded. The review demonstrated that professional responders had exacerbated trauma responses if there was some form of litigation or blame of any wrong doing on their part by their organisation, law enforcers or the public.

2.11   Chapter summary

The three trauma theories reviewed in this chapter, cognitive, emotional and schema theory contribute significantly to our overall understanding of trauma effects and resolution of negative outcomes. Further, the theories have made a substantial contribution to the current definition of PTSD. Nonetheless, an overall limitation of these theories is that they do not include an explanation for processing multiple trauma exposures experienced by an individual.

The PTSD prevalence rate studies identify inconsistencies for general population, gender and high risk population prevalence rates. PTSD rates for the general population in Australia tend to be slightly lower (Creamer et al., 2001) than U.S. rates (Kessler et al., 1995). The anomalies in the gender prevalence rates show some women evidence higher rates of PTSD than men (e.g., Breslau, 2009; Slade et al., 2007), whilst others establish men having higher rates (Kulka et al., 1990), or no differences at all (Creamer et al., 2001; Norris et al., 2002). Studies examining PTSD prevalence rates amongst high risk, professional groups in Australia (McFarlane & Papay, 1992) report higher prevalence rates than for Australians in the general population (Creamer et al., 2001), which is more akin to U.S. high

risk profession PTSD rates reviewed (Berger et al., 2012; Martine et al., 2009). Despite these findings the prevalence rates are not conclusive as many studies had methodological concerns.

PTSD risk factor studies reviewed in this chapter also offer a considerable amount to our understanding of vulnerabilities contributing to PTSD. Nevertheless, there remain a number of assumptions that require further exploration also. The studies have made the supposition that all traumas are equal in impact without identifying partial PTSD effects, and only Liu et al. (2014) attempted to clarify differences in exposure. Also, differences inherent in exposure factors such as the time lapse between trauma exposure and symptoms were not considered. The impact of whether the event was deliberate or accidental, and levels of intensity of the event were also not considered in adequate detail. Further, as with any studies examining risk factors, caution should be applied, as variables may interfere with each other making conclusions about the causal relationships between potential risk factors and PTSD dubious. Risk factor variables may overlap, mediate, moderate, and mask each other, making clear delineation of casual effect difficult (Creamer et al., 2001).

Despite the inadequacies of PTSD risk factor studies, it is evident that when examining military, occupational and general populations together the common risk factors across all groups are (i) peritraumatic distress, (ii) personal threat, (iii) organisational stressors, (iv) lack of social/peer/management support, (v) general life stress, (vi) frequency and severity of exposure, (vii) physical injury, and (viii) death of someone known to the individual. Nevertheless, the studies reviewed indicate that the risks, processes and symptoms of PTSD can work differently for different occupational groups, and indeed for different individuals. The importance of researching media professionals exposed to trauma helps extend our understanding of how PTSD risk factors, prevalence rates and trauma processes manifest amongst a specific, under-researched professional group.

3. Trauma Exposure and Journalists

This chapter builds on previous chapters by examining literature concerning journalists who are a specific, high risk professional group exposed to traumata. A small but growing area of research by both health (e.g., Keats, 2010; Novak & Davidson, 2013) and media professionals alike (e.g., Beam & Spratt, 2009; Dworznik, 2006), has investigated the relationship between news gathering and trauma exposure. (The terms journalist, news gather, reporter and media professional are used interchangeably throughout this section). This occupational group is different to other high risk exposure professions as, by and large, they are not trained to deal with hostile or dangerous situations. Some journalists in large organisations may undergo what is known as 'hostile environment training' to better prepare for physical dangers in conflict and hazardous zones, but this does not include training to manage psychological distress or posttrauma reactions. Those who work freelance do not get the chance to undergo such training, nor do journalists exposed to graphic content online such as unedited material sent in by news consumers known as user generated content (UGC). Media professionals also do not enter disaster zones with a specifically defined helping role.

Unlike emergency services, journalists stay with an event, immersing themselves in its intricacies through investigations and interviews, sometimes for days, weeks, months and in some cases years. Journalist's exposure to traumatic content is increasing because of technological improvements and the globalisation of news content, such as terrorism (McMahon & McLellan, 2008). They are often a target for victims of trauma, or the public's wrath, whilst carrying out their duties. Although their personal motivations are often altruistic for doing the job (Novak & Davidson, 2013), the demands of editors on behalf of the organisation they work for may be in direct opposition to those motivations. This can place the individual reporter in a professional bind, especially during traumatic events. Moreover, the recent change made to DSM-5 -that includes exposure to trauma via electronic means if it

constitutes part of your job role, gives impetus for more in-depth research on potential risks

for diagnosable outcomes for journalists. This factor, alongside the actual trauma severity

they may experience, places them in a unique professional category, worthy of specific

exploration.

The chapter is organised into three parts to assist understanding of the levels of

experience of work related trauma exposure on journalists. The first part considers the

context of journalists exposed to trauma, and how they are different to other high risk

professional groups. The chapter then examines literature on pre-trauma factors for media

professionals, such as gender and age, prior trauma history and stress aroused by anticipating

traumatic exposure. The second section reviews research on the experience of reporters

during traumatic exposure; the peritraumatic experiences such as severity and range of

traumatic exposure; subjective emotional experiences at the time of trauma reporting, (known

as peritraumatic response), and personal, existential issues such as ethical considerations and

decision making. The final aspect explored is the experience of the media professionals

following trauma exposure – the posttrauma experience.

3.1 Journalists' exposed to trauma – the context

Some sectors of the media profession are subjected to severe duty-related trauma

exposure such as being wounded by gun shots, tortured, being held hostage, dodging sniper

fire and imprisonment (Matloff, 2004). Others are exposed to car crashes, crime and natural

disasters (Place, 1992). In one of the earliest investigations of trauma exposure on

journalists, Australian journalist, Nic Place (1992) interviewed his peers on their reporting

experience and concluded that trauma exposure was a genuine issue for the profession.

Although not strictly an empirical study, Place (1992) made an embryonic attempt to

understand trauma exposure experiences in the profession to highlight that it was not just war

reporting, but also the daily fare of covering vehicle accidents and house fires, that potentially took its toll on reporters.

Not only are journalists, camera and sound crews and other media professionals exposed to the direct aftermath of tragedy first hand but they also experience trauma through secondary exposure. Journalists interview highly distressed victims and survivors of violence and tragedy and in doing so are often exposed via interviews to graphic details of death and injury. Media professionals back in the newsroom are also potentially exposed to explicit vision of trauma related material such as unedited film tape or picture files through the news desk (Feinstein, Audet & Waknine, 2014). Pyevich, Newman and Daleiden (2003) identified that 96% of non-war reporting journalists are confronted with at least one event during their working life that includes someone being killed or injured. Such levels of trauma exposure and severity highlight potential dangers confronting domestic, foreign and war correspondents that may contribute to psychological injury. Although this is a new area of research, the conversation about the impact of trauma amongst this group started some time ago.

In 1989, Vietnam War correspondent Bob Gassaway submitted a comprehensive essay on his experiences of war reporting to a health professional's scientific journal (Gassaway, 1989). Gassaway's reflections encompassed a broad range of topics but his references to trauma related effects such as the triggering of certain memories that he couldn't switch off, depersonalisation and substance abuse amongst his media colleagues alerted the health profession to the presence of traumatic stress responses as a result of being a war reporter. Gassaway also offered an early challenge to the mental health profession in regard to this concern, "An in-depth, social psychological investigation of the mind-set of those who challenge the gods of death and injury to get a great story is itself worthy of a great story" pg. 346 (Gassaway, 1989).

As far back as the 1940's the effects of war reporting were highlighted by Irwin Shaw (Shaw, 1947) when writing about the iconic photojournalist Robert Capa; "Only in the morning, as he staggers out of bed, does Capa show that the tragedy and sorrow through which he has passed have left their marks on him. His face is grey and his eyes are dull and haunted by the dark dreams of the night; here, at last, is the man whose camera has peered at so much death and so much evil, here is a man despairing and in pain, regretful, not stylish or debonair." (Shaw, 1947), and more recently Australian war correspondent Michael Ware stated in a 2008 interview; "After seven straight years, you're always hypervigilant, always on alert. You become conditioned to a state of being where everything is a threat and it's hard to turn that off; that becomes your normal. There's an old cliché about the legendary war correspondent who comes home to find he has no wife, or many ex-wives, no kids or kids who won't talk to him, who has no tapestry to his life." (Men's Journal, 2008)

Sometimes these complexities are compounded by personal threats of death to media professionals purely for doing their job. In the years between 2009 -2014 almost five media professionals per fortnight were killed across the globe, of which a quarter were murdered during war reporting. The remaining three-quarters murdered in peacetime, reporting news in their own countries (Committee to Protect Journalists, 2015; International News Safety Institute, 2015). A small proportion of this group died in accidents, or by unidentified means, sometimes thought to be unconfirmed murder. The vast majority of killers have never been identified. On November 23, 2009, thirty-two journalists and news media personnel, along with 27 others were shot and hacked to death in Maguindanao, the Philippines. This attack was the 'bloodiest single attack on the news media on record anywhere in the world' '(International News Safety Institute, 2012). In the first three months of 2015, thirty-one journalists had been murdered for doing their job (International News Safety Institute, 2015). These experiences highlight the dangers, both physical and psychological that may

accompany reporting on events of tragedy, conflict, disaster, mass disease, poverty, child neglect, auto crashes and intimate partner abuse, to name a few. The examples depicted by Gassaway, Capa and Ware alert researchers to the potential psychological injury the news gatherers are at risk of experiencing. The remainder of this chapter reviews literature focused on these issues, in an effort to understand and better assist journalists and those working with them to prevent, or at least minimise the emotional toll of such experiences.

3.2   Overview of journalism and trauma literature

The field of journalism and trauma research is relatively new, and suffers from a number of methodological concerns. A major methodological concern is that to date there are no meta-analyses on the existing studies and so the research examined here takes in a number of single, relatively medium to small studies. Further, the response rates for many of the studies are low, or not reported. Low response rates create a higher probability of selection bias, as those journalists choosing to respond to a survey may potentially be different to those who do not. Additionally, as avoidance is a symptom of PTSD; those who are not as symptomatic, that is, not as avoidant, may choose to be involved in surveys, with those more avoidant (thus, more PTSD symptomatic) not participating. The majority of studies report a 35 percent or below response rate (e.g., Backholm & Björkqvist, 2010; Browne, Evangeli & Greenberg, 2012; Hatanaka et al., 2010; Morales, Perez, & Martinez, 2012), with a range from 8 percent (Newman et al., 2003) to 35 percent (Morales et al., 2012). Only a few studies have reported reasonably high rates such as Beam and Spratt (2009) at 67 percent; Greenberg, Thomas, Murphy & Dandeker, 2007) at 74 percent; Feinstein & Nicholson, 2005), 85 percent, and Feinstein (2012) reporting 80 percent.

The majority of published journalism and trauma studies have used convenience samples, with none yet attaining a representative sample. Only two known studies have used a random sampling method (Feinstein et al., 2005; Freinkel, Koopman & Speigel, 1994).

Most quantitative studies have used a variety of validated assessment tools to measure symptomology for pathogenic outcomes such as PTSD, depression, and anxiety. PTSD has been predominantly measured by the PTSD Checklist-Civilian (PCL-C) (Weathers, Litz, Huska, & Keane, 1993) and the Impact of Event Scale – Revised (IES-R) (Weiss & Marmar, 1997). Example studies include Browne et al. (2012); Feinstein et al. (2005); and Hatanaka, et al. (2010). Both measures are widely used in PTSD research. However, whilst the PCL-C measures all symptom clusters as defined by the DSM-IV-TR (American Psychiatric Association; APA, 2000), the IES-R only measures intrusion and avoidance, and as such only measures partial PTSD symptomology. Other studies have used less common measurement tools such as The Attitudes to PTSD Schedule (UK Navy) (Greenberg, Gould, Langston, Brayne, 2009) and the Posttraumatic Diagnostic Scale, (PDS; Foa, Cashman, Jaycox & Perry, 1997). Further measures have been developed specifically for the study of trauma reporting journalists such as the Journalists Trauma Exposure Survey (JTES); Newman et al. (2003) and Pyevich et al. (2003).

Although the validated and well used questionnaires, along with the less known measures, give researchers an important quantitative perspective of journalists' experience, all of these tools are self-report inventories. Only one study has employed clinical face-to-face assessment using the Structured Clinical Interview for Axis I DSM-IV Disorders (Feinstein, Owen & Blair, 2002). Self-report inventories are limited in that they can only present 'probable' posttrauma assessment because people may manipulate answers according to how they want to be seen, or assess their subjective experience in a particular light according to their circumstances – which may be prone to bias. Self-report inventories are also limited in their ability to measure social or functional in/capacity. The prominent, available known quantitative research is reviewed in this chapter, with these issues in mind.

As well as quantitative studies, there have been a number of qualitative studies on trauma-exposed journalists and other media professionals (e.g., Backholm, Moritz & Björkqvist, 2012; Keats & Buchanan, 2011; Novak & Davidson, 2013; Muller, 2010). By and large these studies have examined negative impacts of trauma reporting. Exceptions to this have been Keats and Buchanan (2011) and Novak and Davidson (2013) who have researched resilience factors, constructive protective factors. A few studies on journalists have used mixed method design incorporating qualitative and quantitative research (e.g., Backholm & Björkqvist, 2012a; Backholm & Björkqvist, 2012b; Beam et al., 2009).

3.3 Pre trauma risk factors in journalists

What a media professional 'brings with them' before professionally reporting on tragedy, violence and trauma may impact the emotional outcomes they experience. This section reviews studies that have examined the pre-trauma variables of gender, prior trauma history and stress stimulated by anticipating trauma exposure, something that is commonplace for high risk professional groups. Gender and prior trauma history are reviewed because they are the two most common, pre-trauma exposure variables to emerge in journalism and trauma research. Anticipatory stress is reviewed because it is a factor that delineates general population trauma exposure from high risk, professional trauma exposure.

3.3.1 Gender

Gender differences amongst war correspondents were examined by Sinyor and Feinstein (2012) who gathered data via direct invitations sent out from news rooms. Invitations were sent war reporters, resulting in 218 responses, of which 22% were female. Gender differences were identified in regard to education and marital status, with the majority of female war reporters being single and more highly educated than their male equivalents. No gender differences were identified for PTSD or levels of depression as measured by standardized measures. To date, this is the only study to specifically examine gender

differences and trauma in media professionals. Nevertheless, other more general journalist studies have reported on gender in examining other factors. These findings align with Sinyor and Feinstein's findings (e.g., Smith, 2008; Newman et al., 2003).

The absence of gender differences is at odds with general population findings (e.g., Breslau, 2009; Tolin & Foa, 2006) that indicate women evidence more PTSD than men. However, they are more consistent with studies of some specialists' populations that have reported the absence of gender difference on these variables (e.g., Norris et al., 2002; Punamaki et al., 2005), including military populations (e.g., Jacobson et al., 2015).

3.3.2   Prior, personal trauma

Whereas gender is a standard demographic variable examined in most research, prior trauma history is less commonly measured. Despite this, it has become relatively common practice in journalism and trauma research to assess prior, personal trauma (e.g., Backholm & Björkqvist, 2010; Newman et al., 2003; Pyevich et al., 2003; Smith, 2008). General trauma literature highlights prior trauma history as predictive of PTSD in general populations (Brewin et al., 2000; Ozer et al., 2003). Most journalism and trauma research has confirmed the positive relationship between personal trauma history and PTSD (e.g., Backholm & Björkqvist 2010; 2012a; Pyevich et al., 2003). Teegen and Grotwinkel (2001) and Backholm and Björkqvist (2010; 2012a) reported higher rates of PTSD in journalists who had experienced personal trauma such as child sexual abuse and domestic violence, and then experienced work related trauma, compared to those who had only work related exposure, with no personal trauma history. Backholm and Björkqvist (2010; 2012a) also found that not only was personal, previous trauma exposure predictive of symptomology, but it was also predictive of elevated levels of subjective distress as measured by fear, horror and helplessness at the time of the work related trauma exposure. These factors also predicted current levels of depression. Pyevich et al. (2003) and Newman et al. (2003) established that

probable PTSD amongst journalists was predicted by personal traumatic events as described above. However, both groups of researchers reported that whilst personal trauma was predictive of posttrauma symptomology it was less predictive when frequency and severity of work related trauma exposure. An anomaly to this was Smith (2008) who established that prior trauma history was a significant predictor of PTSD until organisational factors were entered into the model, which rendered it non-significant.

3.3.3   Stress

Stress caused by anticipating trauma exposure, or anticipatory stress, has been established as a risk factor amongst journalists (Greenberg, Thomas, Murphy & Dandeker, 2007). One feature of a traumatic event is that it occurs unexpectedly, catching the individual unawares, (e.g., in assaults or car accidents). Yet media professionals, like military personnel and first responders, on the other hand knowingly choose to move towards traumatic events for professional purposes. In a study by Greenberg et al. (2007) media professionals who were *embedded* (accepted by the military to report from inside a battalion or platoon) were compared to *non-embedded* (unilateral) media professionals before leaving to report in a war zone. More than fifty percent of both groups (embedded and unilateral), experienced anxiety and anticipatory stress before being deployed, with unilateral journalists experiencing the most stress. This group was also significantly more concerned about their safety than embedded journalists and reported being more 'tired' prior to departure. These results can be understood within the context of social and organisational support, and the fact that unilateral journalists need to depend entirely on their own resources for safety and logistics compared to embedded journalists. Although this study did not include PTSD measures, the results suggest these factors are potential risk factors worthy of further exploration.

3.4   Peritraumatic risk factors in journalists

Factors identified as occurring during reporting assignments that are predictors of trauma responses for media professionals include; subjective peritrauma distress (e.g., Backholm & Björkqvist, 2012c; Hatanaka et al., 2010), severity of event and frequency (e.g., Feinstein et al., 2014; Weidmann & Papsdorf, 2010; Newman et al., 2003; Greenberg et al., 2007). In addition, there are personal variables of sense of control, ethics, personal connection to the story, and empathy (Greenberg et al., 2007; Marais & Stuart, 2005; Backholm et al., 2012; Muller, 2010; Nelson, 2011) and organisational factors such as perceived levels of management support (Newman et al., 2003; Weidmann, Fehm, & Fydrich, 2008) and job demands (Greenberg, et al., 2007). Each of these factors are important in determining negative trauma effects.

3.4.1   Subjective peritraumatic distress

A necessary requirement for a diagnosis of PTSD according to DSM-IV-TR (APA, 2000) was the experience of Criteria A2, peritraumatic subjective distress; specifically, the experience of horror, helplessness and fear. Whilst this requirement is no longer part of DSM-5, the assessment of peritraumatic emotionality remains of interest. This assessment can help to clarify the peritraumatic experience of trauma exposed media professionals beyond purely diagnosable symptoms.

Only four known published, quantitative studies have examined peritraumatic reactions and PTSD within a journalist population (Backholm & Björkqvist, 2012b; Freinkel et al., 1994; Hatanaka et al., 2010; McMahon, 2001). Peritraumatic distress at the time of the event was established as predictive of later PTSD or longer-term negative effects of trauma in two of these studies (e.g., Hatanaka et al., 2010; McMahon, 2001), but not in the other two (Backholm and Björkqvist, 2012b; Freinkel et al., 1994).

Despite the specificity of the former A2 Criteria requirement, Hatanaka et al. (2010) did not assess A2, but developed their own measure to assess peritraumatic reactions called the 'The Stress Reaction during Coverage Scale' which examined digestive problems, headaches, sleeplessness, and dissociative symptoms, among others (Hatanaka et al., 2010) (p. 174). Their study, of 270 Japanese broadcast journalists established that journalists who reported from the field as opposed to desk-bound reporting, and experienced peritraumatic reactions such as headaches and digestive problems, along with interpersonal problems with colleagues and supervisors, evidenced higher rates of PTSD. In another study, Australian journalists who experienced intrusive thoughts and images, as well as avoidance at the time of the event or very briefly afterwards, experienced more severe posttrauma outcomes than those not reporting such experiences at the time of the event (McMahon, 2001). Contrary to these findings in studies relating to single event trauma, such as a mass shooting (Backholm & Björkqvist, 2012b) or eye witness to a state execution (Freinkel et al., 1994) peritraumatic distress did not predict ongoing negative effects.

These discrepancies mirror the general population literature on peritraumatic distress that in some cases establishes a positive relationship between peritraumatic distress and PTSD (e.g., Brunet et al., 2001) others (e.g., O'Donnell et al., 2011). Levels of distress in regard to trauma exposure has been linked to other subjective experiences for journalists such as psychological proximity to the story (e.g., Feinstein, 2003; Backholm et al., 2012; Muller, 2010), breaching personal ethics (e.g., Backholm et al., 2012; Muller, 2010), feeling isolated and lacking support (e.g., Greenberg et al., 2007; Weidmann et al., 2008) and lacking a s sense of satisfaction, purpose and meaning about the work (e.g., Beam & Spratt, 2009; Marais & Stuart, 2005). These factors are explored in the next section.

3.4.2   Severity and frequency of peritraumatic event

Journalism has been shown to be a high trauma exposure profession (e.g., Newman et al., 2003). Rates of intense exposure, where journalists have identified attending at least one potentially traumatic assignment where they have witnessed serious injury or death, or experienced personal life threat, range between 86% to 98.4% (Newman et al., 2003; Pyevich et al., 2003; Simpson & Boggs, 1999). The frequency with which these intense events are experienced has been found to be a risk factor (e.g., Newman et al., 2003). In addition, the method of exposure is also important, with presence at the scene being predictive of negative outcomes (e.g., Hatanaka et al., 2010), as well as viewing potentially traumatic content via electronic means (Feinstein, Audet & Waknine, 2014; Weidmann & Papsdorf, 2010). Exposure to potentially traumatic content by electronic means has been incorporated into the current DSM-5 (APA, 2013) as traumatic content as long as such viewing is as part of the individual's job.

Further to the research on electronic viewing of content for media professionals, the frequency of exposure to the intense material impacts upon journalists more than the longevity of viewing the content. Frequency of exposure is positively related to somatic complaints, over use of alcohol, depression and PTSD (Feinstein et al., 2014). Similarly, frequency of exposure to electronic content, greater levels of general work stress and prior trauma exposure compound negative posttrauma outcomes (Weidmann & Papsdorf, 2010).

Although most authors have concluded that there is a relationship between frequency of exposure and posttrauma outcomes (e.g., Feinstein et al., 2014; Newman et al., 2003; Pyevich et al., 2003; Weidmann & Papsdorf, 2010; Simpson and Boggs, 1999) found no such relationship. However, they did establish that length of time reporting trauma was positively related to posttrauma effects. The discrepancy in Simpson and Boggs' (1999) study and the findings of the other studies could be based on the possibility that trauma effects, within a

professional context, may take a longer time to manifest. That is, the protective nature of the work role (Novak & Davidson, 2013) may eventually wear down over time, causing trauma effects to emerge the longer a person works in their professional role. Further, the Simpson and Boggs' (1999) study was limited by a relying on a small sample from two local US papers, therefore their outcomes may also be due to sampling issues.

Where frequency of event and modality of exposure are important predictors of the effects of exposure, the way the event is experienced at the time of the exposure can also predict the outcome. The person's subjective experience at the time of, or very shortly after traumatic exposure is known as subjective peritraumatic distress (DSM-IV-TR; APA, 2000).

3.4.3 Personal existential issues – control, work demands, stress, empathy, support

A journalist's sense of control, stress and demands from multiple sources, challenge of ethics, and personal identification with the story were identified in an Australian study as being risk factors (Muller, 2010). This study focused on one of the country's deadliest natural disasters, the Black Saturday bushfires of 2009. This event was a series of approximately 400 bushfires across Victoria causing the deaths of 173 people. Whilst the media professionals were not tested specifically for posttrauma symptomology, they were interviewed regarding their subjective experience following these fires. The journalists reported that the negative trauma experiences they experienced were exacerbated by what was called the *maelstrom of pressure* (Muller, 2010, p. 5). This was the cumulative effect of demands from editors and news desks; competition for stories; demands from emergency authorities, and the interaction with distressed people immediately affected by the fires. These issues were akin to factors identified by war journalists who reported that when being assigned to war zones it was often the gruelling conditions, significant competition for stories with colleagues, isolation, and boredom that were worse than the event exposure witnessed (Greenberg et al., 2007).

Major aspects of significant distress to emerge from the Australian study was dealing with victims and survivors, and managing ethical boundaries in relation to these people. When boundaries were skewed the journalists felt greater levels of distress and posttrauma effects (Muller (2010). Skewing of boundaries included lack of clarity about when to interview distressed persons, or about *taste and decency* (Muller, 2010, p. 8) when deciding what to publish about the distressed person's situation. Similarly, issues of ethics and their relationship to posttrauma outcomes emerged in research by Backholm et al. (2012). Backholm and colleagues compared journalists reporting on school shootings at Columbine, in the USA in 1999 and journalists covering two school shootings in Finland, Jokela in 2007 and Kauhajoki in 2008. A major finding was the relationship between ethical breaches, moral injury and severe, longer term posttrauma reactions. As previously stated, moral injury (Litz et al., 2009: Shay, 1991, 1994, 2014) can be a risk factor for severe posttrauma symptomology. The researchers identified three peritrauma predictors. The first was breaching personal ethical boundaries at the scene because of newsroom directives. The second was unexpected events that occurred outside of the control of the journalist. The third was being personally connected to the place or people where the event occurred causing a feeling of affinity to the victim group, such as having children who are attending a school. They concluded that such breaches may be just as important in predicting of posttrauma outcomes as visual exposure to horrific events.

The issues raised in the studies reviewed (Backholm et al., 2012; Muller, 2010) link closely with the notion of sense of coherence (Antonovsky, 1979). Sense of coherence is reviewed in the next chapter (pages 54-56). However, in short, sense of coherence is a way of viewing one's life and the world through three perspectives – comprehensibility, manageability and meaningfulness, and is often seen as synonymous with resilience (Marais & Stuart, 2005). Marais and Stuart's (2005) research on journalists, using sense of coherence

as a framework, established that journalists who felt unable to manage the stress of reporting on a traumatic event; or to comprehend, or make sense of the situation they were in, and predict what was happening, evidenced higher rates of PTSD. The journalists studied by Muller (2010) and Backholm et al. (2012) seem to have had their sense of coherence challenged, which diminished their feelings of being able to manage the situation. Additionally, disaster situations, by their very nature, are unpredictable. It is therefore reasonable to surmise that the journalists sense of coherence was compromised leading to an exacerbation of trauma effects during both the Australian bushfires and the mass school shootings.

The demands of a newsroom during the *maelstrom of pressure,* and organisational stress has been identified as a predictor of negative posttrauma outcomes (Muller, 2010; Smith, 2008). These factors can cause journalists to feel isolated and unsupported. This lack of social support has been identified as a significant predictor of negative, posttrauma outcomes for news gatherers (Beam & Spratt, 2009; Hatanaka et al., 2010; Newman et al., 2003; Weidmann et al., 2008).

3.5   Posttraumatic outcomes

Research on journalists thus far report that following traumatic exposure, the majority of media professionals do not experience negative effects to the extent of PTSD (e.g., Feinstein et al., 2002; Newman et al., 2003). However, journalists can still experience an array of non-diagnosable conditions, such as dissociation (Freinkel et al., 1994); depression (Feinstein et al., 2002; Freinkel et al., 1994; Weidmann, et al., 2008); substance misuse (Buchanan & Keats, 2011; Feinstein et al., 2002); somatic complaints (Feinstein, 2012; Hatanaka et al., 2010; McMahon, 2001), and negative cognitions, including guilt (Browne et al., 2012; Pyevich et al., 2003). Nevertheless, most journalists and trauma research has been based on PTSD symptomology, and this is examined first.

3.5.1 PTSD

Prevalence rates of PTSD are not high for the majority of mainstream journalists, and range from 4.3% (Pyevich et al., 2003) to 13% (Teegen & Grotwinkel, 2001) for domestic reporters in the United States. War correspondents (from an international study) however, evidence up to 28.6% for lifetime PTSD and 10.7% for current PTSD (Feinstein et al., 2004). Mexican journalists on the other hand experience severe levels of graphic exposure and have prevalence rates of up to 35% (Morales, 2012). The various reporting mediums are reasonably consistent, with 5.9-6.7% of local, U.S, domestic camera operators evidencing PTSD, compared to 6% of Japanese broadcasters (Hatanaka et al., 2010). Again, research on Mexican photojournalists shows an irregularity, with up to 59% evidencing PTSD (Morales, 2012). Most of the remaining studies have examined the various reporting mediums together for PTSD prevalence rates (i.e., print, radio, and camera) (e.g., Dworznik, 2011; Weidmann et al., 2008). As already stated, the majority of journalists don't experience PTSD, but may experience a range of alternate outcomes such as those discussed below.

3.5.2 Dissociation

The current DSM-5 includes dissociation as part of PTSD symptomology. In this context, dissociation may involve flashbacks of the trauma, or the person can feel like, or act as though, the event is happening again. At the extreme end the person may lose awareness of what is presently happening to them and completely relive the traumatic event. Only one published study was identified which focusses on dissociation amongst the media profession. Freinkel et al., (1994) examined a group of journalists witnessing an execution who experienced dissociative symptoms such as psychic numbing, de-realization, depersonalization, detachment and/or estrangement from others, amnesia and flashbacks. However the symptoms did not continue long-term. This study invites further investigations

into the reaction of dissociation, especially peritraumatic dissociation, which has been found to have a relationship with PTSD (Bryant, 2007).

3.5.3   Depression and substance misuse

Prevalence rates of depression in trauma exposed media professionals range from 21.4% for war correspondents (Feinstein et al., (2002) to less than 1% (Weidmann et al., 2008) for domestic reporters. Depression can also co-exist with substance misuse as ascertained by examining units of alcohol consumed Feinstein et al. (2002). Of the war correspondents 41.3% rated in the misuse threshold (Feinstein et al., 2002). Of the media professionals exposed to graphic user generated content 36.7% of male reporters and 15.4% of females also reported in the misuse range (Feinstein et al., 2014). Buchanan and Keats (2012) also identified the use of substances as coping mechanisms for trauma exposure and extreme stress in media professionals in their qualitative study.

3.5.4   Negative cognitions

Few studies have examined the issue of guilt as it relates to trauma and only one study on trauma and journalism has done so. Browne, Evangeli & Greenberg (2012) found a direct and significant relationship between PTSD and guilt experienced by trauma reporting journalists. The types of guilt related cognitions were predominantly related to self-blame, and consisted of statements such as – *I could have prevented what happened; I should have known better,* or *I blame myself for something I did, thought, or felt.*

The work of Browne et al. (2012) is supported by earlier research by Pyevich et al. (2003) who examined a broader base of negative cognitions (not just guilt related, but including guilt related thoughts). Pyevich et al. (2003) established that journalists with negative assumptions about both the world and themselves evidenced more work related PTSD. Both of these study outcomes may be understood within the context of cognitive processing theories (e.g., Foa & Rothbaum, 1998) which purport that trauma exposed

individuals, who experience the deleterious effects of trauma, develop two types of distorted cognitions; one about the self and one's own incompetence; the other is about the world being a dangerous place.

3.6   Chapter summary

All in all, the most commonly identified pre-trauma risk factor for media professionals is prior trauma history. This variable has been reviewed by the majority of trauma and journalism researchers and is the most consistent factor across the studies reviewed that relate to negative trauma outcomes (e.g., Backholm & Björkqvist, 2010; Newman et al., 2003; Pyevich et al., 2003; Smith, 2008).

No gender differences were found in war correspondents when examining pathogenic trauma outcomes (Sinyor & Feinstein, 2012) or domestic reporters (e.g., Smith, 2008; Newman et al., 2003).   War correspondents did report high levels of anxiety before going on assignments however, especially when working as unilateral reporters with lack the social support when embedded in a platoon of soldiers (Greenberg et al., 2007). The overall lack of gender as a risk factor for journalists may be due to professional role. Journalist role is the same regardless of gender, and it may be that professional role is a protective factor in this instance (Novak & Davidson, 2013). Nonetheless, whilst pre-trauma variables in general trauma literature are found to be important risk factors for deleterious outcomes, it is suggested that they are not as important as peritrauma and posttrauma factors (e.g., Brewin et al., 2000; Pyevich et al., 2003).

Event frequency and peritraumatic severity of exposure are predictive of pathogenic posttrauma outcomes for media professionals (e.g., Backholm & Björkqvist, 2010). Moreover, work conditions and existential issues such as ethical considerations for journalists point to a substantial influence on posttrauma outcomes (Muller, 2010). Early evidence suggests that these factors can be more problematic in regard to negative posttrauma

outcomes than actual exposure to potentially traumatic events. This is especially true when journalists perceive they are not supported by their organisation, or friends and family when covering traumatic assignments or their ethical boundaries are breached (e.g., Muller, 2010; Smith, 2008). The experience of peritraumatic distress is mixed for media professionals and suggests that subjective peritrauma is a complex response that may be related to previous trauma history and not limited to reactions as defined by A2 (Backholm et al., 2012).

Research on posttrauma experiences amongst media professionals have established that whilst media professionals experience a variety of negative posttrauma outcomes the majority of journalists do not experience severe deleterious effects (e.g., Nelson, 2011). Indeed, many report resilience and positive coping when trauma reporting, especially when they feel a sense of social support from family, friends and their employing organisation (Keats & Buchanan, 2011; Novak & Davidson, 2013). These factors, coupled with the ability to report according to their own moral compass potentially pave the way for a rich and meaningful professional experience (Muller, 2010).

The broader the range of potentially traumatic events experienced, as well as the frequency, and the intensity of content, the more severe the negative outcomes (e.g., Newman et al., 2003). This is especially true when the media professional was confronted with personal questions about what is ethical to report; when is it right to interview traumatised subjects, and levels of organisational stress and demand during times of disaster reporting (Backholm et al., 2012; Smith, 2008).

The literature review on trauma and journalists highlights that the vast majority of research on trauma exposed media professionals has focussed on pathogenic outcomes of trauma exposure. Whilst this is important, there is a paucity of research on alternative trajectories such as salutogenic outcomes, and none have researched posttraumatic growth.

The following chapter expounds research on positive outcomes of trauma, including posttraumatic growth, and sets the foundation for the empirical focus of the thesis.

4. Salutogenic Trauma Trajectories

As outlined in the previous chapter on journalists exposed to trauma, few studies have focussed on alternative trajectories of trauma outcomes for media professionals, other than pathogenic pathways. Of the limited, non-pathogenic research two studies have undertaken qualitative research on resilience enhancing factors for journalists' (Keats & Buchanan, 2011; Novak & Davidson, 2013), and two conducted quantitative research on the salutogenic concept of Sense of Coherence (SOC) (Marais & Stuart, 2005; Teegen & Grotwinkel, 2001). The salutogenic work of Antonovsky (1979) (salutogenesis - coming from the word salutary, meaning to 'yield good affects' or 'wellness') gathers together approaches that focus on health and wellbeing alongside illness and pathology (Linley & Joseph, 2004). Under the collective umbrella-term of salutogenesis are theories such as Sense of Coherence (SOC); (Antonovsky, 1979; 1996), posttraumatic growth (PTG) (Tedeschi & Calhoun, 1995; 2004; 2013), concepts such as benefit finding (Affleck & Tennen, 1996), stress related growth (Park, Cohen & Murch, 1996) and resilience (e.g., Bonanno, Wortman & Nesse, 2004; Bonanno & Mancini, 2008).

This chapter begins by outlining SOC as the first and most fundamental salutogenic theory. This review is followed by a brief examination of resilience, which is purported to be the most common outcome of posttrauma experiences, and regarded as part of the salutogenic realm (Bonanno, 2006). These notions are examined in an effort to gain a broad understanding of the most formative salutogenic theories emerging from posttrauma research. The chapter then undertakes a detailed examination of PTG as the primary salutogenic theory underpinning the current study. It is argued that Tedeschi and Calhoun's (1995; 1996; 2004; 2010) model of growth is the most comprehensive of the posttrauma, salutogenic theories.

The examination of positive outcomes of tragedy are not a new phenomenon, religion, philosophy and literature have portrayed the notion of rising above adversity to a better

outcome since the beginning of recorded history. The phoenix rising from the ashes and the Christian resurrection narrative are just two examples (Tedeschi, Park & Calhoun, 1998). Within the psychological realm early theorists such as Adler (Adler, 1956, Frankl (1963) and Rank (1978) proposed that there was potential for alternative, positive outcomes to the negative effects of extreme stress. More recent researchers have suggested there are a number of trajectories for trauma exposure that are not limited to the purely negative (e.g., Southwick et al., 2014).

4.1 Rationale for salutogenic research

Identifying psychopathology and risk factors for trauma exposure is imperative for finding a path to prevention and treatment (McNally, 2003). Yet, according to Stuhlmillar and Dunning (2000), using only a pathogenic paradigm limits the focus of trauma response to a 'disease' perspective of the affected individual or community. Further, the question is posed whether a purely pathological view of trauma, and subsequent interventions, may lead to a compounding of negative trauma reactions in individuals, thus inhibiting movement towards more holistic health (Violanti, Paton & Dunning, 2000).

Despite bringing theories such as SOC, resilience and PTG together under the one umbrella, it is emphasised that theoretically, posttraumatic growth (PTG) stands alone (Zoellner & Maercker, 2006). PTG is an enhancement of self, interpersonal relationships, and philosophy of life following extremely adverse, or traumatic experiences (Tedeschi & Calhoun, 1996). The theory posits that following trauma exposure the individual experiencing growth surpasses their pre-trauma state to an enhanced level of awareness and functioning. This is different to SOC and resilience which are constructs more related to adjustment or adaption to adversity rather than the transformative state (O'Leary & Ickovics, 1995; Tedeschi & Calhoun, 1995; Tedeschi & Kilmer, 2005; Walter & Bates, 2012). A review of SOC follows.

4.2   Sense of Coherence theory (SOC)

As mentioned, the term salutogenesis was first used by the medical sociologist, Aaron Antonovsky (1979). His premise was that stress and adversity are part of what it is to be human, and stressors in themselves are neutral. It is our response to them that lends them emotional valence. This principle was the basis for Antonovsky's SOC theory (Antonovsky, 1996).

Antonovsky was interested in the question of why so many people do so well when the world is engulfed with potential stressors and negative stimuli. The fact that the majority of human beings maintain their health most of the time means that salutogenesis presents a different line of enquiry, one which asks why people naturally move towards the health end of the ease/dis-ease continuum, no matter where they are at any given moment (Antonovsky, 1987).

Antonovsky's (1979) approach was based on the individual's ability to make sense of a stressful event in a coherent, manageable way. Foundational to this was that the stronger the coherence, or meaning-making about the event, the stronger the person's ability to deal with distress. Within this theory, sense of coherence was a generalised way of understanding the world; an orientation rather than a response to specific situations. It is argued that SOC is not a specific coping style, as stressors in life are numerous and there is no 'one size fits all' in dealing with stress. A person with a strong SOC chooses the appropriate coping strategy according to the particular event, thereby enhancing adequate coping Antonovsky (1987). This work built on the humanist work of Maslow (1943) and Rogers (1961).

Sense of coherence involves three main components: comprehensibility, manageability and meaningfulness (Antonovsky, 1979):

Comprehension of an event emerges from individuals' internal schemas about the world, their dispositions and their life scripts as they relate to the stimuli experienced – the person's ability to make 'sense' of the event.

Manageability is about believing that one's resources will meet the demands of the situation with which they are confronted. It is one's perception of what resources one has available (both external and internal) to deal with the event.

Meaningfulness refers to the individual's ability to see events as challenges and accept these as worthy of investing energy.

The SOC theory posits that the three domains of the concept need to be exercised in equal proportion. For example, those that are able to comprehend, manage and give meaning to an event will fare well, however, those who are only able to give meaning to, and comprehend an event, but not manage it, may not do so well in the face of adversity. This experience is dynamic according to the event and circumstances, and assists the process of moving towards wellness rather than illness.

A core element of SOC is that individuals view stressors within a comprehensible, manageable and meaningful framework. However, one of the main tenets of traumata, as argued by Janoff-Bulman (1989), is that traumatic exposure can destroy one's assumptions (schemas) that the world is manageable, predictable and meaningful. It has been proposed that trauma may then impact on one's SOC because the very nature of trauma renders the individual unable manage the situation or make sense of it (Snekkevik, Anke, Stranghelle, & Fugl-Meyer, 2003). It is proposed, however, that schemas are different to the tenets of sense of coherence. Sense of coherence is not a fixed way of seeing the world, but a more flexible approach. A person with a high sense of coherence will choose an appropriate strategy to a particular event in an attempt to cope and adapt (Antonovsky, 1987). Schemas on the other hand are formed early on in life and are more fixed (Bartlett, 1932). When trauma exposure occurs it confronts the individual with a new reality that the world is not always a safe place, and they are vulnerable, thus causing previously established schemas to be shattered or shaken, which in turn activates the processes necessary (e.g., rumination) to enable PTG

(Janoff-Bulman, 2004). It could be hypothesised on this basis then, that schemas precede SOC, and are the internal foundation that an individual's sense of coherence is built on. In the face of trauma therefore, schemas may be a pre-trauma state and SOC the peritrauma state. Peritrauma being the moment at which the trauma occurs. The notion that SOC is a peritrauma condition is supported by Almedom (2005).

Research has established that journalists who reported difficulty with lack of predictability of a traumatic event, and struggled with managing its outcomes, have significantly high levels of negative posttrauma responses (Marais & Stuart, 2005). Conversely, journalists with the ability to see their situation as predictable and manageable evidenced significantly lower levels of posttraumatic distress and depression (Marias & Stuart, 2005; Teegen & Grotwinkel, 2001). An important aspect of those journalists who experienced less distress was their having access to their own internal resources, such as viewing demanding situations as challenges to overcome, rather than hindrances (Marais & Stuart, 2005).

There is a similarity between SOC and resilience, as neither need activation nor traumatic exposure to be present. Nevertheless, the two are different constructs (Streb & Michael, 2014). Resilience is considered in the next section.

4.3   Resilience

The number of studies of resilience has increased significantly in recent years with a view to identify internal and external factors that allow a person to deal with experiences of adversity (Goldstein & Brooks, 2006). A significant goal of those studies has been to show that resilience is more than just an absence of illness or pathology (Bonanno, Wortman & Nesse, 2004). Definitions of resilience are many, and depend on whether it is being examined as a function of personality, an outcome or a process. Early definitions proposed

that resilience was a framework or belief system that guide a person when dealing with challenges from their environment (Richman & Bowen, 1977). Later a more specific definition emerged: the effort to re-establish internal or external equilibrium under severe challenge (Masten, 1994). More recently, from a systemic perspective, resilience has been defined as the capacity of an active system (person or group) to adapt well to disturbances that threaten the capability, purpose, or function of the person to gather resources to maintain well-being. This action is coupled with the ability of the individual (or community) to utilise lessons learned from adversity to consciously move forward (Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2014). On this basis it is proposed that resilience is situational, for example, a person may exhibit resilience in some quarters such as at work, but not be resilient in their personal relationships (Southwick et al., 2014).

At times, trauma theorists have tended to put resilience and recovery from significant stress together as one entity. For example, the two factors were merged in a large study of warzone stress, from which the subsequent term 'resilience-recovery factors' was coined (King, King, Foy, Keane & Fairbank, 1999). Further to this amalgam, Lepore and Revenson (2006) characterised resilience as having three aspects – recovery, resistance and reconfiguration. Recovery was posited as the return to the previous state of being prior to trauma exposure – the notion of 'bouncing back'. Resistance was proposed as the individual seemingly experiencing no effects from the trauma exposure at all, and reconfiguration was theorised as the experience of gaining equilibrium by changing oneself in some way - either negatively or positively.

Bonanno (2004; 2008), on the other hand argued that the two entities of resilience and recovery are separate states. He provided three underlying principles for resilience. Recovery was seen to relate to the individual experiencing a substantial level of disruption posttrauma, and then 'recovering' to an acceptable level of functioning, which may not be at

the same, pre-trauma level. Conversely, it was suggested that resilient people remain affected by trauma, but at a lower baseline than those on the recovery trajectory, and then return to their pre-trauma equilibrium (Bonanno, 2004).

The second assertion was that resilience is the most common pathway following a traumatic event (Bonnano, 2004). To highlight this perspective, resilience was studied in a randomly selected group of nearly 3,000 New York residents following 9/11(Bonanno, Galea, Bucciarelli, & Vlahov, 2006). The researchers defined resilience as having no PTSD or one symptom only. They showed that 65% of those researched evidenced resilience, with those experiencing the highest levels of exposure, such as being inside the buildings at the time, displaying less resilience. Whilst the notion that resilience is the most common outcome from adversity may be well founded, this study is problematic in that it defined resilience as being PTSD free. There is a growing school of thought that resilience is not necessarily being symptom free, and that the two factors can coexist. Indeed, a person may exhibit resilience in the way they manage their PTSD symptoms (Yehuda, Daskalaris, Desarnaud, Makotkine, Lehrner & Koch, 2013). Bonanno's (2004) third assumption was that there are many and often surprising pathways to resilience. Based on his belief that adult resilience stems from being pragmatic and flexible, utilising factors such as repressive coping, and self enhancement, Bonanno argued that, whereas in other contexts some of these factors may well be maladaptive (such as self enhancement often being aligned with narcissism) they may come to the fore as adaptive in response to trauma. One such strategy that could be seen in some situations as maladaptive in some situations is that of avoidance. Two studies on trauma exposed journalists highlight the importance of journalists using adaptive avoidance as a resilience enhancing strategy (Keats & Buchanan, 2011; Novak & Davidson, 2013). This strategy was previously confirmed by Bonanno (2008) in more general resilience research as a legitimate coping strategy that enabled resilience.

Further research on journalists' populations has established that reporters with a strong concept of their own professional role who experience training focussed on building their own coping mechanisms, along with social relationships, have increased resilience (Keats & Buchanan, 2011; Novak & Davidson, 2013). Peer and social support has been found to increase resilience in general populations as well (e.g. Ozbay et al., 2007).

Keats and Buchanan (2011) also established that training that enabled journalists to link more with peer supports; prepare themselves to go into conflict zones beforehand with physical and psychological safety training, and to take time to reflect after each traumatic assignment, enhanced resilience. Further, journalists already using innate skills such as maintaining a sense of meaningfulness and altruism about their role, sustaining a sense of humour, optimism and positive emotion, and retaining a sense of control over what was being undertaken at the time also maintained resilience (Keats & Buchanan, 2011). Both Novak and Davidson (2013), and Keats and Buchanan (2011) mentioned the notion of growth in their research but neither group studied the construct or elaborated on it in their work. This leaves open the option for a more rigorous analysis of posttraumatic growth amongst media professionals.

4.4 Tedeschi and Calhoun's Model of Posttraumatic Growth (PTG)

The view that pathogenic and salutogenic factors can co-exist, was raised by Yehuda et al. (2013) in relation to resilience, and is a major premise of posttraumatic growth theory. The posttraumatic growth model conceptualised by Tedeschi and Calhoun (1995; 1996; 2004; 2013) is a comprehensive, positive, posttrauma theory that has been tested and refined over approximately 20 years. In their own initial definition, Tedeschi and Calhoun (1996) proposed that PTG is positive change in the areas of perception self; interpersonal relationships, and philosophy of life, that arises in response to particularly negative and disturbing experiences. The three domains are:

Changes in perception of self: individuals describing this change express having increased inner strength and feeling that they have a deeper sense of self life posttrauma. This includes raised levels of confidence, particularly in regard to facing future tribulations, and being able to accept how life works out. Some people also report greater self-reliance (Tedeschi & Calhoun, 1996; Updegraff, Taylor, Kemeny & Wyatt, 2002).

Changes in interpersonal relationships: People experiencing enhancement in this realm report closer and deeper relationships with family and friends, with a renewed readiness for emotional expression and self-disclosure. This often results in the experience of more intimate relationships and a self-belief that one is able to manage these relationships more thoughtfully. Individuals describe more compassion, an increased appreciation of others, and more confidence and willingness to call on social supports (family and friends) or the support of others (Tedeschi et al., 1998; Updegraff, Taylor, Kemeny & Wyatt, 2002).

Changes in existential philosophy of life: Within this domain people report enhancement in wisdom and spirituality. Sometimes this is experienced through discovering a deeper understanding of spiritual matters or religiosity, and others find changes through profound secular existential meaning. People give accounts of positive shifts in priorities; clearer values; no longer taking life for granted; seeing more expansive opportunities than they did pre-trauma; a willingness to take up new challenges; greater ability to live with uncertainty, and a deeper awareness of the self. Often these experiences add to an improved appreciation of one's own life and what is important, which in turn can contribute to seeing possibilities that previously were not seen (Joseph, 2011; Joseph, Williams, & Yule, 1993; Tedeschi et al., 1997; Tedeschi et al., 1998).

The model proposed that a catastrophic, traumatic event or a 'seismic' event occurs that 'shakes the foundations' of the person's assumptive world, causing distress (Janoff-Bulman, 1989; 1992; 2004). The distress, in the first instance, is accompanied by intrusive

and automatic cognitions from the events that stimulate unintentional rumination (Tedeschi & Calhoun, 1996). During the course of rebuilding, new assumptions are developed through self-analysis and talking about the event in a supportive environment. These permit the distress to be managed, thus paving the way for deliberate and voluntary rumination. Such rumination is concerned with trying to make sense of the event and the change in one's life narrative.   This type of rumination is part of the cognitive processing believed necessary to activate posttraumatic growth (Stockton, Hunt & Joseph, 2011). Thus Tedeschi and Calhoun's (2010) model is based on a fundamental paradox, whereby awareness of growth arises out of the individual's awareness of their vulnerability and distress. In the last chapter schema theory, or what is also known as shattered assumption theory, was outlined in relation to pathogenic theories of trauma. Janoff-Bulman's (2004) shattered assumption theory is also foundational for PTG.

The shattered assumption theory (Janoff-Bulman, 1989; 1992) proposes that prior to a life-changing traumatic event, the individual considers the world as just and safe based on three fundamental assumptions. First, that the world is a kindly place – humanity is basically honest, thoughtful and moral, and that the world is generally a safe place to be. The second tenet is the 'meaningful world' assumption which purports that events occur in a controllable and comprehensible manner. The third principle is that of the 'worthy self'. This principle contends that if the person is ethical and courteous then bad things won't happen to them. Traumatic exposure can compromise these beliefs and shatter these assumptions, causing the person to view the world as unsafe, perilous, and unpredictable. Internally an individual may feel more fragile, uncertain and therefore more vulnerable. In an effort to restore a sense of safety, beliefs and assumptions need to be rebuilt to cope with posttrauma life through schema reconstruction (Janoff-Bulman, 1989; 1992; 2006). Such schema reconstruction and

cognitive processing are thought to lay the foundations for posttraumatic growth to occur (Tedeschi & Calhoun, 1996).

Janoff-Bulman (2004) proposed that the way cognitive processing creates the bedrock for growth is by the individual creating new perceptions about themselves in relation the tragedy they have experienced. This process allows for formerly unknown strengths and coping mechanisms to come to the fore which, for some, manifest in boldness, self-confidence and a new found vitality (Janoff-Bulman, 2004). Such a process contributes to the development of a cohesive posttrauma narrative (Neimeyer, 2004). It is proposed that in the shattering of assumptions phase, a person's self-narrative becomes disorganised. However, through cognitive processing that leads to PTG, a new, cohesive, and posttrauma self-narrative emerges. Self-narrative is defined as "an overarching cognitive-affective-behavioural structure that organizes the 'micro-narratives' of everyday life into a 'macro-narrative' that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world" (Neimeyer, 2004. p 53-54).

'Psychological preparedness' is the phenomenon whereby having coped with an adverse experience, the survivor rebuilds assumptions to include the negative reality of the experience, combined with the knowledge of having coped and survived. This information gives a much more realistic perspective on one's place in the world in relation to any future exposure to hardship. This new assumptive world acts as a protection from, and preparation for, future adversity. It acts as a type of 'marker' - bad things can happen, but bad things can also be endured and survived (Janoff-Bulman, 2004).

'Existential re-evaluation' stems from the meaning placed around one's significance and worth following trauma. The model posits that when survivors are confronted with significant or potential loss, they become aware of how precious life is and existence takes on

new meaning and value. Fundamentally, survivors move from "concerns about the meaning of life to the creation of meaning in life" (Janoff-Bulman, 2004) (p. 33).

Rumination is defined as the ongoing, conscious thoughts of a traumatic event that continues, despite the lack of presence of the stressor (Martin & Tesser 1989;1996). The relationship between rumination and PTG has been the focus of research undertaken in recent years (e.g., Morris & Shakespeare-Finch, 2010; Stockton, Hunt & Joseph, 2011; Taku, Cann, Tedeschi & Calhoun, 2009).

4.4.1   Rumination and PTG

The elaboration on rumination in Calhoun, Cann and Tedeschi's (2010) most recent PTG model builds on work by Martin and Tesser (1989;1996) who further proposed that rumination may include both conscious, controlled and intentional thoughts as well as unintentional thoughts (Martin & Tesser, 1989; 1996).

An earlier model proposed by Tedeschi and Calhoun (2004) went part way to explain the development of PTG and its relationship to PTG. However, their most recent transformational model of growth (Calhoun et al., 2010) (see *Figure 4-1*), is a more comprehensive paradigm of growth. The model displayed in *Figure 4-1* not only distinguishes aspects of rumination but also highlights the importance of self-analysis and socio-cultural variables that influence the movement towards PTG.

Calhoun and Tedeschi (2013) proposed that the way a person self reflects, discloses, manages their emotions, and processes their experience, is influenced by their socio-cultural milieu. That is, if a person comes from a culture where sharing adversity and positive aspects about themselves is not commonplace, and has limited cultural themes around growth, then their experience of growth will be determined by this milieu.

To understand the dimension of rumination further it was proposed that there can be constructive or unconstructive rumination (Calhoun, Tedeschi, Cann & Hanks, 2010).

However, understanding what is constructive or not, is a complex matter, and the literature is at odds. Generally speaking, it is thought rumination that facilitates the continuation of
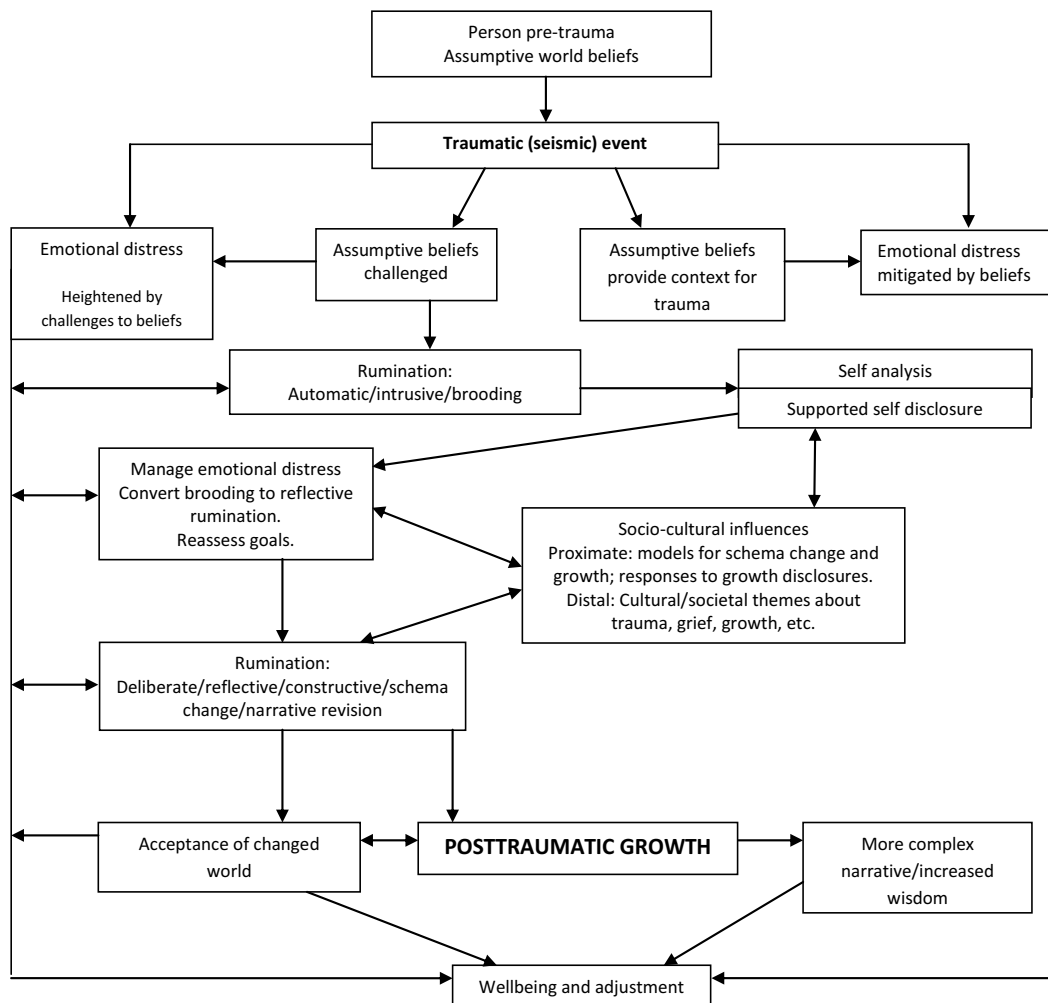
Figure 4-1. Transformational model of PTG Calhoun, Cann and Tedeschi (2010)

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negative thoughts and emotions may induce anxiety or depression, whereas rumination that includes problem solving or meaning making has the capacity to lead to PTG (Lechner, Stoelb &Antoni, 2008). To examine this relationship further, Taku et al. (2009) researched four specific types of rumination; intrusive rumination soon after an event, and intrusive rumination at a later date; deliberate rumination soon after the event, and then again later on. Taku et al. (2009) established that both types of rumination, intrusive and deliberate were

important for the development of PTG. Yet, a stronger relationship was evident in deliberate rumination that occurred at a later date. The authors' proposed early types of rumination were important as they created the foundations for later, more deliberate rumination which had the strongest pathway to growth. This finding supports a more recent outcome that established the PTSD cluster symptom of re-experiencing as potentially the most important factor in stimulating growth, compared to other PTSD symptoms following trauma exposure (Tsai, El-Gabalawy, Sledge, Southwick & Pietrzak, 2015). Tsai et al. (2015) proposed that re-experiencing intrusive cognitions posttrauma, may stimulate growth, because, unlike other symptoms of PTSD, re-experiencing provides an opportunity for rumination to occur. The literature highlights that as a facilitator of growth, rumination is multidimensional and includes both intrusive and deliberate cognitive processes, (Taku at al., 2009), especially those that focus on social support and beneficial outcomes of trauma (Morris & Shakespeare-Finch, 2010). Although rumination is a pivotal element for PTG, there are also numerous influential predictors of the paradigm. Relevant predictors are considered in the next section.

4.4.2   Predictors of PTG

Individual studies have examined specific predictors of PTG. Examples of factors that predict growth are PTSD (e.g., Dekel, Ein-Dor, & Solomon, 2012), peritraumatic distress and dissociation (e.g., Kunst, 2010; 2012; McCaslin et al., 2009; Morris & Shakespeare-Finch, 2010). Event related factors are also related to growth and include the event centrality (i.e., how central the event is to somebody's identity and life narrative), time since the event, severity of the event and negative cognitions about the event (e.g., Lancaster, Kloep, Rodriguez & Weston, 2013). Occupational factors such as experiencing trauma from multiple sources, and implementing self-care strategies are also related to growth (e.g., Armstrong, Shakespeare-Finch & Shochet, 2014). A positive relationship between social support and PTG was established as an important part of assisting the cognitive processing

needed to establish PTG (e.g., Park et al., 1996; Tedeschi & Calhoun, 2013). This outcome was based on the notion that people process their experiences through talking them out with people who support them. However, this factor may also be dependent on how the support is provided, and where it is coming from (Armstrong et al., 2014).

Although individual studies are important, meta-analyses systematically draw together studies on a body of research to appraise, synthesize and collate results in an effort to gain a more comprehensive overview of the subject area (Stroup et al., 2000). Helgeson, Reynolds and Tomich, (2006), and Prati and Pietrantoni (2009) undertook meta-analyses and established evidence of PTG predictors based on extensive literature reviews. Of the analyses performed, growth was found to relate to lower depression, higher levels of intrusion and avoidance about the traumatic event, and positive wellbeing. Further, the time since the event's occurrence was also established as an important predictor of growth (Helgeson et al., 2006). That the longer time since the event predicted growth supports the original theory of Tedeschi and Calhoun (1995). There is a variety of thought on the optimal period of time for PTG to occur, with variations ranging from two weeks posttrauma (Frazier, Conlon & Glaser, 2001) to fifty years post-event (Maercker & Herrle, 2003). It is also possible that not all the domains of PTG develop at the same rate over time. For example, growth in interpersonal relationships may develop in a different time period to changes in philosophy of life (Morris, Shakespeare-Finch, Rieck and Newbury, 2005).

Investigations of the demographic factors of race, gender and age demonstrate that growth is greater in non-white individuals relative to Caucasians; is more likely in women than in men, and in younger individuals relative to older people (Helgeson et al., 2006). In regard to coping, optimism and higher levels of religiosity relate to greater levels of benefit finding, as are positive re-appraisal of events and life stressors, acceptance and denial, and spirituality (Prati & Pietroantoni, 2009). Whilst these two meta-analyses provide a deeper

understanding of the correlates of PTG, neither study fully explored the relationship between PTG and posttraumatic distress, which is generally measured by symptoms of PTSD. Both of these factors are now examined.

PTSD symptomology

Individual studies have been inconclusive about the relationship between PTSD symptoms and PTG (e.g., Zoellner & Maercker, 2006). Some indicate the absence of any relationship between the two factors (e.g., Cordova, Cunningham, Carlson & Andrykowski, 2001). Whereas, others have found a negative relationship (e.g., Frazier, Conlon & Glaser, 2001). A recent meta-analysis attempted to clarify this relationship (Shakespeare-Finch and Lurie-Beck, 2014), and established both a linear and curvilinear relationship between trauma symptoms and growth. This is an important contribution because the majority of research to date has only examined linear relationships between these two factors. This highlights the possibility of a more complex relationship between trauma symptoms and growth. A curvilinear relationship suggests that as PTSD symptoms increase, so does PTG, up to a point. When negative symptoms are extremely high, PTG decreases. The strongest relationships between growth and symptoms were found in civilians living in areas of conflict and those experiencing natural disasters.

By and large, total PTSD scores have been examined in relation to PTG, only a few studies have examined the specific symptom clusters that may be involved in the activation of PTG. The few studies that have examined these variables suggest subjective distress and intrusive re-experiencing are important in the activation process of growth (e.g., Linley & Joseph, 2004). This relationship was first proposed by Tedeschi and Calhoun (1994) and more recently supported by Kaler, Erbes, Tedeschi, Arbsi and Polusny (2011) and Tsai et al. (2015). Tsai et al. (2015) asserted that re-experiencing may be the single most important symptom in relation to PTG, as it is this symptom that activates rumination, whereas the

other clusters are not involved. Certainly the role of avoidance has been identified as playing

an important part in the early development of PTG (Zoellner & Maercker, 2006). However,

no known studies have quantified this as a symptom of PTSD and its relationship to PTG. It

is believed that spontaneous intrusions (re-experiencing) increase an individual's distress and

are more PTSD related (Friedman et al., 2011). Based on outcomes relating PTSD and PTG,

it stands to reason that there is likely to be a relationship between re-experiencing and PTG.

The current research therefore examined both PTSD total, and re-experiencing specifically, in

relationship to PTG. PTSD symptomology has often been used to define distress when

measuring PTG. Distress however may also contain other important elements contributing to

the activation of PTG. This is addressed in the following section.

The nature of traumatic distress

Calhoun et al.'s (2010) PTG model depicted in *Figure 4-1* (page 64), identified

posttraumatic distress as having an important role in the development of PTG. This is based

on the premise that distress triggers the rumination needed to create a new posttrauma reality,

and potentially PTG (Calhoun et al., 2010). Nevertheless, posttraumatic distress is a broad

notion variously defined. Some studies use symptoms of PTSD to define distress (e.g.,

Morris & Shakespeare-Finch, 2010), whereas others use symptomology such as depression,

anxiety and somatisation (e.g., Shroevers & Teo, 2008), and others use the former DSM A2

criterion of horror, helplessness, fear, and dissociation (Kunst, 2010; 2012; McCaslin et al.,

2009). In one of the few longitudinal PTG studies undertaken, Dekel, Ein-Dor, & Solomon,

(2012) measured posttraumatic distress using PTSD scores, global distress depression, and

anxiety to define distress. They examined Israeli ex-POWs' over a 17-year period, at three

intervals. Additionally, veterans who served in the same Yom Kippur war of 1973 were

included as a control group. This group included soldiers at the same time, who had not been

held captive as POW's. Results showed that distress predicted PTG over time (Dekel et al.,

2012). This outcome must be viewed with caution as the researchers did not use the PTGI or another validated measure to examine growth, but used archival data dating back over the 17 years. Nevertheless, the finding that distress related to PTG development supports the PTG model. It suggests the more an event is subjectively perceived as threatening and severe, and creates distress, the higher the potential levels of PTG (Calhoun & Tedeschi, 2006). Subjectivity is a fundamental aspect of this process, as the impact that an event has on someone's life, and their perception of the event, is the determining factor as to whether an event is traumatic or not (Morris et al., 2005).

The most immediate sense of threat may occur at the moment of the trauma exposure. This moment of exposure, is known as peritraumatic exposure. It is proposed there are many and varied peritraumatic reactions such as dissociation, shame, guilt and anger, to name a few (Brewin et al., 2000). Subjective distress was part of the previous DSM, and specified as horror, helplessness and fear (DSM-IV-TR; APA, 2000). These experiences were taken out of the DSM on the basis that subjectivity was not adequate for diagnosis (Friedman et al., 2011). Whilst this may be valid from a diagnostic perspective, subjective distress remains an imperative of PTG development (Helgeson et al., 2006). Research has established both a linear and curvilinear relationship between peritraumatic distress and PTG (Kleim & Ehlers, 2009; Kunst, 2010; 2012). Kleim and Ehlers (2009) found subjective peritrauma (fear/shock and shame/humiliation) predicted PTG, and was important for rumination, a known catalyst for growth (Morris & Shakespeare-Finch, 2010). A linear pattern was established by Kunst (2010) who examined PTG and peritrauma as defined by horror, helplessness and fear over two time periods. At time 1, and at follow-up, the relationship between peritraumatic distress and PTG remained significant (Kunst, 2010). The outcome suggested distress at the time of traumatic exposure, or a short time later facilitates PTG at a later date. This outcome may

occur with or without the presence of PTSD symptoms (Kunst, 2010), and is consistent with

PTG theory (Tedeschi & Calhoun, 2004).

So, whilst there is strong evidence in the literature for a relationship between PTSD

symptomology, and specifically intrusive re-experiencing and PTG, the evidence suggests

that more subjective distress also relates to PTG. Both factors are of specific interest in the

current thesis, especially amongst high risk occupations, and more particularly, journalists. A

review of the literature concerning professions exposed to high rates of trauma, and PTG

follows.

4.4.3 Occupational settings

A number of studies of occupational groups have identified predictors and correlates

of PTG. These include: the intensity of sensory experiences of the event; sights, smells and

physical contact of being exposed to duty related death or injury, especially as these relate to

children (Chopko, 2010), amount, and severity of exposure (Galloway, Millikan & Bell,

2011), the combination of workplace trauma exposure and personal trauma exposure

(Armstrong et al., 2014; Shakespeare-Finch, Smith, Gow, Embleton & Baird, 2003). War

exposure for both military personnel (e.g., Dekel, Mandl & Solomon, 2011; Larner & Blow,

2011; Tsai et al., 2015), and non-combatant professionals working in war zones have also

been identified as predictors (e.g., Lev-Wiesel, Goldblatt, Eisikovits & Admi, 2008). These

predictors are all related to exposure and are concerned with the proximity and/or severity of

an event.

Other than exposure variables, work specific trauma management training promoting

methods of coping have been found to foster PTG, and contribute in the management of

negative posttrauma reactions (e.g., Greenberg, Langston, Fear, Jones & Wessely, 2009;

Paton, 2005; Shakespeare-Finch et al., 2014; Tedeschi & McNally, 2011). Within an

Australian context, a program to enhance resilience amongst police officers established that

participants reported significantly higher rates of PTG than those not undertaking the training (Shakespeare-Finch et al., 2003). In relation to cognitive processes amongst high exposure occupations, veterans who endorsed higher levels of mental functioning and general health (Tsai et al., 2014), active coping, emotional self-control (Dekel et al., 2011), and meaning making coping (Larner & Blow, 2011) evidenced higher rates of growth.

Taken together these studies demonstrate that substantial exposure, coupled with mechanisms to assist cognitive processing of trauma contribute to growth. Whilst the literature is clear about the relationship between PTG and cognitive processing, there has been debate as to whether the cognitive processing is real or illusory (e.g., Taylor & Brown, 1988). This is a somewhat challenging concept, and is addressed in the following section.

4.4.4 Illusory growth and the Janus face

A question overshadowing the concept of adversarial growth is the question of whether PTG is merely 'positive illusions' (Taylor & Brown, 1988) or 'defensive illusions' (McMillen, Smith & Fisher, 1997). These ideas are similar to the concept of cognitive dissonance, whereby a traumatic event is so discontinuous with a person's values, emotional experience and belief system that the person is motivated to reduce the anxiety that comes with that discontinuity. This occurs by adding or creating new cognitions to create an experience of equilibrium (Festinger, 1957). It is proposed that in this process some of the cognitions that are created are illusory and positively toned (Smith & Cook, 2004).

In an attempt to understand any potential illusory element of PTG, Maercker and Zoellner (2004) formulated their Janus Face model. The 'Janus-Face', or two-component model of PTG is based on the Roman God Janus who had two faces that gazed in opposite directions. By utilising this metaphor, the theorists have attempted to explain the notion that PTG may be both illusory and constructive. Underlying the Janus face model is the theory that PTG can be both an outcome, and a coping or processing strategy, and changes over

time. The theory postulates that in the short-term, or the proximal phase when the event is at its most recent, PTG is a coping strategy that serves a relieving function from the trauma exposure. At this point it is proposed that the illusory component of PTG is active and includes higher rates of PTSD or distress, high PTG and less constructive cognitions. As the experience becomes more distal, or the length of time since the event becomes greater, it is proposed there will be lower PTSD or distress, more constructive cognitions, and less illusory PTG (Maercker & Zoellner (2004).

Zoellner and Maercker (2006) proposed the self-deceptive, avoidant or illusory aspect of their Janus-Face model does not always lead to maladaptive management of trauma. They do accept that avoidance may serve as a short term coping mechanism, and is adaptive as long as it does not remain long term or a fixed way of managing trauma. This premise is supported by previously mentioned research from Horowitz (1986; 2003); Butler et al. (2005); and Hefferon and Boniwell, (2011) on the importance of 'approach and avoidance' as part of the active component of cognitive processing of trauma that potentially leads to PTG. Such avoidance has been found to be very useful in professional situations where trauma exposure is high but professional tasks must be fulfilled, such as in the role of media professionals (e.g., Keats, 2010).

The illusory aspect of the PTG process has at times been misunderstood away from its context, and used to undermine the validity of the theory. Hobfoll et al., (2007) challenged whether posttraumatic growth was a salutogenic process and whether it had any useful outcome or adaptive relevance at all. Challenges to PTG are reviewed.

4.4.5   Critics of PTG
One of the main challengers of PTG has been Hobfoll, who proposed that if posttraumatic growth cannot be found to be adaptive then it should not be promoted as an outcome to be worked towards for those who have been exposed to trauma (Hobfoll, 2011).

This adaptive element includes observable changes in the individual (Hobfoll, 2007). Hobfoll argued that if there is not action that is objectively viewed emerging from PTG, then it should not be promoted. Hobfoll et al. (2007) proposed that cognitive processing on its own, without action, would not lead to positive outcomes.

Further to questioning PTG (Hobfoll, Tracy & Galea, 2006), it was established that growth was associated with more violent and negative outcomes, than positive, and on this basis was not salutogenic (2006). To assess growth, Hobfoll et al. (2006) developed his own PTG assessment tool which was an adapted version of his COR-E measure used to assess Conservation of Resources. He reported that the measure had high internal consistency (.82) and a strong correlation (.85) with the PTGI scale of Tedeschi and Calhoun (1996). He then researched Israeli settlers in relation to the Jewish-Arab conflict in Israel. In his study higher PTG related to higher levels of extreme political violence, ethnocentrism and authoritarianism (Hobfoll et al., 2006). Hobfoll attributed the curious outcomes of this study to the concept of terror-management theory. This theory proposes that individuals become highly attuned to the possibility of annihilation under threat and when this is brought to mind people form defences and schemas to protect themselves from 'the enemy'. In this context growth-related thoughts and actions become aligned to self-preservation and conservatism through cultural 'in group-out group' thinking and violence (Hobfoll, 2010).

This study was later extended to examine whether lower levels of PTSD were evidenced by people who were directly exposed to terrorism and who also reported PTG. Results specified that higher rates of PTSD were related to greater income, traditional religiosity, terrorism-facilitated economic loss, higher psychosocial loss, higher levels of PTG and less social support (Hobfoll et al., 2008). Hobfoll (2011) surmised in this study that PTG was associated with vulnerability factors rather than strength or wellbeing factors and

that PTG was related more to negative outcomes than positive, with higher rates of PTSD and depression, lower resilience, and more rigid and aggressive coping styles (Hobfoll, 2011).

Hobfoll at al. (2006; 2008) studies need to be viewed with some caution however, as he utilised his own measurement of growth, and the group examined was a very select and specific group that is difficult to compare with other populations. Tedeschi, Calhoun and Cann (2007) responded to Hobfoll by drawing attention to the importance of social and cultural milieu and the presence of PTG. Participants that live in an ongoing conflict zone may never experience the 'post' in posttrauma exposure, and therefore don't have the same activation that occurs when life threat or the 'seismic event' stops. Further, because the study cohort remained living in an environment that supports their core beliefs, the participants may not have truly had their core beliefs challenged in the way need for true PTG to occur. These factors alone make it difficult to compare Hobfoll's (2006) findings of PTG as they relate to terrorism and other PTG studies.

Hobfoll's (2007) premise that a theory that purports growth should be adaptive is reasonable. However, to limit adaptive to what is purely behavioural and observable limits the theory considerably (Westphal & Bonanno, 2007). Nonetheless, this notion was tested within an Australian trauma population of people with mixed traumas, such as vehicle accidents, life threatening illness or injury, and bereavement (Shakespeare-Finch & Barrington, 2012). Along with the trauma participants was a second group of significant others who were close to the trauma participants who could comment on the trauma survivor's behaviour. The researchers used the PTGI to measure growth, as well as a questionnaire for the significant others on the behaviour of the survivors. Results showed significant others confirmed the reported changes made by the survivors and results indicated moderate to strong relations. These findings support earlier research that examined corroborated evidence of behaviour change made by significant others of survivors following

trauma (Shakespeare-Finch & Enders, 2008; Weiss, 2002). These outcomes provide evidence that growth is not illusory, but can be validated intersubjectivly by observable behaviour. These studies also support the notion that changes of growth following trauma are real, and not merely positive illusions (Taylor & Brown, 1988), defensive illusions (McMillen et al., 1997) or 'action less' changes as proposed by Hobfoll (2007).

4.5   Chapter summary

In summary, it is proposed that PTG is different to resilience or SOC, as these constructs relate more to adjustment or adaption to adversity rather than the transformative state of PTG (O'Leary & Ickovics, 1995; Tedeschi & Kilmer, 2005; Walter & Bates, 2012). The positive link between these frameworks may be that SOC and resilience are pre-trauma and peritrauma states, and present some underlying mechanisms for the individual to eventually move to a position of growth. Although there may be support for the Janus Face model of PTG that includes an illusory side, it is established that an illusory, or avoidant aspect within PTG may actually be adaptive, especially in occupational situations with high trauma exposure, but professional tasks to complete.

As well as SOC, resilience and avoidance, a high level of distress that stimulates rumination has been found to be necessary for the establishment of growth. These factors are part of the cognitive processing pivotal for PTG. Further, the number of specific predictors of growth have been established, such as peritrauma distress, PTSD symptomology, significant severity of trauma and multiple forms of exposure, demographic factors, and training in strategies that assist the management of high emotion, and social support.

Whilst these factors have been examined in a number of different populations, including some high risk professions such as ambulance, police and firefighters, they have never knowingly been examined in a group of media professionals. The present research

addresses this knowledge gap and examines this through both qualitative and quantitative

methodologies.

5. Rationale for the current research methodology

It is evident from the review of the trauma and journalism literature that this area of scholarship is hampered by a significant gap. To date no study has examined both pathogenic outcomes of trauma exposure on journalists as well as the potentially salutogenic outcomes as measured by posttraumatic growth (PTG). The current research examined posttraumatic stress reactions and posttraumatic growth amongst an Australian group of cross-medium, media professionals of various characteristics. This thesis sought to advance the field of journalism and trauma by considering an alternative trajectory of trauma response beyond the purely pathogenic.

As mentioned at the beginning of this thesis, the current study had four main objectives; (1) to evaluate the occurrence of pathogenic outcomes as measured by PTSD symptomology in different groups of Australian trauma exposed media professionals; (2) evaluate the occurrence of PTG in different groups of Australian trauma exposed media professionals; (3) examine a hypothesised model of relationship between pathogenesis and salutogenesis amongst this cohort to predict PTG, and (4) review the functional characteristics of pathogenic and salutogenic experiences of trauma exposed journalists. The examination of these concerns was through two studies; one quantitative and the other qualitative. The quantitative study (Study 1), addresses Aims 1 to 3. The qualitative study (Study 2) addresses Aim 4 was examined in Study 2.

Quantitative analysis examines research questions in an objective way using scientific analysis to provide concrete answers (Rosner, 1993). The method is often referred to as 'realist', and infers that the researcher uses statistical means to be detached from the data so as to establish the 'truth' about the issue under examination (Muijs, 2011). It is proposed that some of the benefits of this type of paradigm are that the outcomes are value free from the researcher and that there are numerous quantitative studies in the scientific world that allow

for comparison and replication using the same methodologies (Stanfield, 2006). This is of course dependant on the questions being formed in an unbiased way.

As such, the current investigation used quantitative analysis in Study 1 to examine both single order relationships amongst variables in the current study via correlations, and complex relationships using Structural Equation Modelling (SEM). SEM was chosen because it is a comprehensive statistical process that simultaneously examines a set of a priori hypotheses as a complete system, resulting in a pictorial model (Byrne, 2001). SEM is an agile approach because it includes not only single or multiple linear regressions but it deals with a system of regression equations to examine their multivariate relationships at the same time (Nachtigall, Kroehne, Funke & Steyer, 2003).

Nonetheless, as a realist approach, quantitative methods are also limited, as they do not allow rich, subjective experiences to emerge from data gathered. Qualitative data, which is usually gathered by semi-structured interviews or focus groups, permit the examination of phenomena that may not be so easily quantifiable. Further, qualitative methods take the perspective of the participants in the research as the starting point and allow for multiple realities (Ormston, Spencer, Barnard & Snape, 2013). The qualitative method used in Study 2 was Interpretative Phenomenological Analysis (IPA). Smith and Osborne (2003) state that the purpose of IPA "is to explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings particular experiences, events and states hold for participants. The approach is phenomenological in that it involves detailed examination of the participant's lifeworld; it attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself" (p. 53).

Other research methods such as grounded theory and discourse analysis were considered. Grounded theory tends to be utilised in sociology and formulates a theory from the collected data of the participants (Starks & Trinidad, 2007). Discourse analysis draws on linguistics and semiotics, and examines the language used by participants to establish how they see their roles and enact their identities in their social system (Chandler, 2002). IPA was chosen based on its common usage in psychology (Starks & Trinidad, 2007) and its focus on understanding the lived experiences of participants and the importance of the researcher reflecting on the own experiences as an observer of those being studied (Smith & Osborne, 2003). Factors determined as important to give depth to the current study.

Whilst IPA and other qualitative methods provide substance from participants' personal experiences, the method is also not without limitations. Criticisms about qualitative research are based on the belief that it is can be lacking in rigour, conducted on a small scale, and biased either through sampling choice or because of the direct influence of the researcher (Anderson, 2010).

To manage potential pitfalls of both qualitative and quantitative methods, the current author used a mixed-method design, which utilises both paradigms of research in the one study. By converging both qualitative and quantitative analysis through mixed-methods the study attempts to neutralise any biases inherent in either paradigm and give a broader base for validity of the research questions (Creswell, 2003). The current study was based on a concurrent, triangulation design. This means that both the quantitative and qualitative data were gathered at the same time. Both sets of data and results were analysed independently, then synthesised and interpreted, with salient points brought to the fore to gain a better understanding of the research outcomes. Under this model, both the quantitative and qualitative paradigms are given equal priority within the study (Creswell & Plano Clarke,

2011). The next chapter reports on the quantitative study (Study 1) and the following chapter presents the qualitative study (Study 2).

6. Study 1

A quantitative investigation into posttraumatic stress and posttraumatic growth among trauma reporting Australian journalists

This chapter presents the research questions, hypotheses and findings of the quantitative research which examined the co-existence of negative and positive trauma effects amongst a convenience sample of 115 Australian, trauma-reporting journalists. The chapter is organised in relation to three research aims. The first aim was to study various journalist characteristics such as reporting medium (print, broadcast, camera operator, editor/other), work status (freelance or staff), trauma education, war reporting and non-war reporting, and the trauma exposure variables of range of potentially traumatic events, severity of exposure and personal trauma history. Aim 2 was concerned with the examination of the same journalist characteristic groups but in relation to Posttraumatic growth (PTG) as measured by scores on the PTGI and PTGI domains (Tedeschi & Calhoun, 1996). No known quantitative studies have examined these variables together amongst an Australian, journalist population. Aim 3 was concerned with the examination of gender, personal trauma history, work trauma severity, and PTSD symptomology as predictors of PTG using Structural Equation Modelling (SEM) based path analysis. Two models were examined, one that examined PTSD symptomology and one model that examined re-experiencing. Re-experiencing was of special interest as a potential catalyst of PTG.

6.1 Aim 1: Pathogenic outcomes across different groups of Australian media professionals.

Research questions relating to the association of negative trauma affects and reporting medium

Aim 1 involved a combination of research questions and hypotheses. The literature review has established that camera operators and photographers may be more vulnerable to

negative posttrauma outcomes (Feinstein & Sinyor, 2009; Morales et al., 2012; 2014; Owen, 2002) and higher rates of potentially traumatic exposure (Newman et al., 2003).

1.1: Do camera operators report higher rates of PTSD symptomology than other reporters?

1.2: Do camera operators report higher PTSD symptom clusters than other reporters?

1.3: Do camera operators experience higher scores on measures of peritraumatic distress than other reporters?

Research questions relating to the association between negative trauma effects and work status

Research on the difference between freelance reporters compared to staff reporters in relation to trauma exposure outcomes is limited. Nevertheless, studies have established that low perceived social support in journalists and low perceived acknowledgement by supervisors and peers contribute to higher rates of posttrauma psychopathology (Newman et al., 2003; Weidmann et al., 2008). It is reasonable to surmise that because freelance journalists do not work within an organisational setting they may lack the managerial and peer support that staff reporters experience, however this remains untested. On this basis research questions were posed:

1.4: Do freelance journalists report higher rates of PTSD symptomology than staff reporters?

1.5: Do freelance journalists report higher PTSD symptom clusters than staff reporters?

1.6: Do freelance journalists experience higher scores on measures of peritraumatic distress than staff reporters?

Research questions relating to the association between negative trauma effects and journalists who have experienced trauma and stress management education

The literature review highlights that trauma training that includes normalisation of trauma reactions, coping skills training, and psycho education on resilience lowered levels of posttraumatic distress, depression and PTSD symptomology (e.g., Cohn & Pakenham, 2008; Van Voorhees, Gollan & Fogal, 2012), however these studies remain controversial because course content and outcome measures are not consistent. Based on the inconclusive evidence around psychoeducation and trauma effect, research questions were posed:

1.7: Do journalists who have experienced stress and trauma education report lower rates of PTSD symptomology than journalists who have not had such training?

1.8: Do journalists who have experienced stress and trauma education report lower PTSD symptom clusters than those who have not had such training?

1.9: Do journalists who have experienced stress and trauma education report lower peritraumatic distress than those who have not had such training?

Hypotheses relating to the association between negative trauma effects and war and non-war reporters

Research has established that war reporters have significantly higher levels of pathogenic posttrauma reactions compared to non-war reporters (e.g., Dworznik, 2011; Feinstein & Owen, 2002; Feinstein et al., 2002; Osofsky et al., 2005: Simpson & Boggs, 1999). On this the basis the following hypotheses were posed:

1.10: Australian war reporting journalists will evidence higher rates of PTSD symptomology compared to non-war reporting journalists.

1.11; Australian war reporting journalists will evidence higher rates of PTSD symptom clusters than non-war reporting journalists.

1.12: Australian war reporting journalists will evidence higher rates of peritraumatic distress than their non-war reporting counterparts.

6.2   Aim 2: Salutogenic outcomes across different groups of media professionals.

To address the second aim regarding salutogenic effects on trauma exposed journalists, a combination of research questions and hypotheses are posed in relation to reporting medium, work status, trauma education, and war and non-war reporting journalists in relation to PTG.

Research questions relating to the association between reporting medium and PTG

There are no known studies undertaken on PTG as it relates to trauma exposed journalists. The issue has been raised in previous literature (Novak & Davidson, 2013) but no known study has examined PTG amongst journalists. Despite the lack of direct journalist related investigations, research questions are based on the understanding that PTG is a posttrauma outcome, related to high levels of trauma exposure and response in other populations (e.g., Shakespeare-Finch & Lurie-Beck, 2014).

Only a small amount of research has established that camera operators, and more specifically, photographers have significantly higher rates of PTSD symptomology than other reporters (e.g., Morales et al., 2012; 2014). This finding, combined with the meta-analysis establishing the positive linear and curvilinear relationship between PTG and PTSD (Shakespeare-Finch & Lurie-Beck, 2014) provides a platform for exploration. On this basis the following research questions were posed:

2.1: Will camera operators report higher levels of PTG than other reporting mediums such as editors, print and broadcast on:

> *2.1.1* Total posttraumatic growth

> *2.1.2*: Appreciation of life

> *2.1.3:* New Possibilities

2.1.4: Personal Strength

2.1.5: Spiritual Change

2.1.6: Relating to Others

Research questions relating to the association between work status and PTG

There are no known studies that distinguish between staff and freelancer reporters in regard to PTG. Once again, in reviewing this group literature on social support is called upon. A positive relationship between social support and PTG has been established in the research (e.g., Calhoun & Tedeschi, 2013; Park, Cohen & Murch, 1996). Considering freelancers do not belong to an organisation, it is reasonable to expect that they may not experience organisational belonging compared to staff reporters. On this basis the following research questions were proposed:

2.2: Compared to freelance reporters, will staff reporters evidence higher levels of PTG, on:

2.2.1: Total posttraumatic growth

2.2.2: Appreciation of life

2.2.3: New Possibilities

2.2.4: Personal Strength

2.2.5: Spiritual Change

2.2.6: Relating to Others

Research questions relating to the association between trauma awareness education and PTG

The literature review established that military psychological trauma awareness training that promotes specific methods of coping promotes PTG and assists in the management of negative posttrauma reactions (e.g., Greenberg, Langston, Fear, Jones & Wessely, 2009; Tedeschi & McNally, 2011). Australian police recruits involved in resilience training were also found to report higher rates of PTG than recruits who did not participate in

the training (Shakespeare-Finch et al., 2014). On this basis the following hypotheses were posed:

2.3: Compared to reporters who have not undergone trauma training, will journalists who have participated in trauma awareness and stress management education report higher levels of PTG, on:

> *2.3.1:* Total posttraumatic growth
>
> *2.3.2*: Appreciation of life
>
> *2.3.3:* New Possibilities
>
> *2.3.4:* Personal Strength
>
> *2.3.5:* Spiritual Change
>
> *2.3.6:* Relating to Others

Hypotheses relating to the association between war reporting and PTG

The literature review established the possibility of PTG emerging from war and conflict exposure (Dekel et al., 2011; Larner & Blow, 2011; Lev-Weisel et al., 2008; Tsai et al., 2015).

On this basis the following hypotheses were posed:

2.4: Compared to non-war reporters, war exposed journalists will report higher levels of PTG as evidenced by higher scores in the domains of:

> *2.4.1:* Total posttraumatic growth
>
> *2.4.2*: Appreciation of life
>
> *2.4.3:* New Possibilities
>
> *2.4.4:* Personal Strength
>
> *2.4.5:* Spiritual Change
>
> *2.4.6:* Relating to Others

**6.3   Aim 3: A hypothesised model predicting PTG from gender, trauma exposure,
and posttrauma symptomology.**

The third aim of the study was to examine a model of the relationship between

gender, trauma exposure, posttraumatic symptomology, and posttraumatic growth. The

literature to date provides evidence as to the bivariate relationships between some of these

variables, and is summarised briefly below. This literature was used to develop more

complex models of influence of these variables on one another, taking them all in to account

simultaneously.

6.3.1   Gender: PTSD symptomology and PTG

The literature review established that gender differences between men and women in

relation to PTSD in the general population is inconsistent (e.g., Breslau, 2009; Creamer et al.,

2001), whereas research specific to journalists clearly established no gender differences

between men and women and PTSD symptomology (e.g., Nelson, 2011; Newman et al.,

2003; Sinyor & Feinstein, 2012; Smith, 2008). In relation to PTG the literature revealed that

women consistently experience higher rates of growth than men (Vishnevsky, Cann,

Calhoun, Tedeschi & Demakis, 2010).

6.3.2   Work trauma severity: PTSD symptomology and PTG

The literature in this study established that there is a significant relationship between

severe traumatic exposure and pathogenic trauma effects for media professionals (Backholm

& Björkqvist, 2010; 2012a; Dworznik, 2011; Feinstein et al., 2002; McMahon, 2001; Pyevich

et al., 2003; Smith, 2008). Equally, PTG was found to relate to severity of occupational

trauma exposure (e.g., Chopko, 2010; Paton, 2005), frequency of exposure (Galloway et al.,

2011), and multiple sources of trauma (Armstrong et al., 2014) including both work and

personal trauma sources (Shakespeare-Finch et al., 2003). The positive relationship between

PTSD symptomology and PTG was established (Shakespeare-Finch & Lurie-Beck, 2014).

6.3.3   Personal trauma history: PTSD and PTG

The studies reviewed in this thesis found evidence of a relationship between work-related PTSD symptomology, PTG and personal trauma history (Armstrong et al., 2014; Shakespeare-Finch et al., 2003). There is strong evidence that personal trauma history is a significant predicator of PTSD, and other negative effects of trauma exposure (e.g., Brewin et al., 2000; Ozer et al., 2003). Amongst a journalists population it was established that historical, personal trauma exposure contributed to negative symptomology amongst journalists (e.g., Backholm & Björkqvist, 2010; Newman et al., 2003; Teegen & Grotwinkel, 2001).

6.3.4   PTSD and PTG

A recent meta-analysis reviewed in the current thesis examined the relationship between PTG and PTSD symptomology specifically, and found a positive relationship between the two variables (Shakespeare-Finch & Lurie-Beck, 2014).

6.3.5   Re-experiencing and PTG

In reviewing the research, the current study established that the cluster symptom of re-experiencing may by the single most important factor in relation to stimulating growth following trauma exposure (Tsai et al., 2015). This outcome was proposed because re-experiencing allows time for reflection and rumination, and the management of the re-experiencing symptoms may activate the process of growth (Tsai et al., 2015).

6.3.6   Peritraumatic distress: PTSD and PTG

The relationship between subjective peritraumatic distress such as horror, helplessness and fear, and PTSD is documented in the current literature review (e.g., Brewin et al., 2000; Creamer et al., 2005; Marmar et al., 2006). Peritrauma as defined by A2 in DSM IV-TR (APA, 2000), and more broadly (other subjective emotions and physical reactions), was reviewed amongst a journalist population with mixed results in regard to its relationship to

pathogenic trauma effects (Backholm & Björkqvist, 2012b; Hatanaka et al., 2010; McMahon, 2001; Weidmann & Papsdorf, 2010). The exploration of subjective peritraumatic distress in relation to PTG is a new line of enquiry, with positive relationships being established (Kleim & Ehlers, 2009; Kunst, 2010; 2012), as well as no relationship (McCaslin et al., 2009).

6.3.7 Hypothesised models

Based on the literature reviewed in this thesis, structural equation models were developed to test the following hypotheses:

SEM hypothesis 3.1: PTG will be directly predicted by

> *3.1.1:* PTSD symptomology

SEM hypothesis 3.2: PTG will be indirectly predicted by

> *3.2.1:* personal trauma history and PTSD

SEM hypotheses 3.3: PTSD symptomology will be directly predicted by

> *3.3.1:* personal trauma history

> *3.3.2:* work trauma severity

> *3.3.3:* peritraumatic distress

SEM hypotheses 3.4: PTSD symptomology will be indirectly predicted by

> *3.4.1:* work trauma severity through peritraumatic distress

> *3.4.2:* personal trauma history through peritraumatic distress

> *3.4.3:* personal trauma history through work trauma severity

SEM hypothesis 3.5: PTG will be directly predicted by

> *3.5.1:* re-experiencing

> *3.5.2:* personal trauma history

> *3.5.3:* work trauma severity

> *3.5.4:* peritraumatic distress

SEM hypotheses 3.6: PTG will be indirectly predicted by

> *3.6.1:* work trauma severity and gender (female)

> *3.6.2:* personal trauma history and gender

> *3.6.3:* personal trauma history and peritraumatic distress

> *3.6.4:* personal trauma history and re-experiencing

> *3.6.5:* work trauma severity and re-experiencing

6.4   Method

6.4.1   Participants

This study reported on an Australian convenience sample of 115 'trauma reporting journalists' who had all self-selected as reporting on at least one event regarded as potentially traumatic as defined by DSM-IV-TR (APA, 2000). Participants were provided with the definition of traumatic events as per Criterion A1 and A2 in DSM-IV-TR (2000), and asked to participate in the study if they believed they had experienced an event in the last three years that met both criteria. Three years was chosen to ensure time for any potential PTG to develop. Participants were asked to focus on this event when answering the questionnaire, "With this event in mind please answer…"

The self-report, voluntary questionnaire. included questions on age, gender, reporting medium (print, broadcast, camera operator, editor/others), length of time working as a journalist, partnership status - single (never married, separated, divorced) or partnered (married, de facto, other), work status (staff or freelance as chosen by participants). Just over half the sample, 54% was female (*n* = 62) and participants had a mean age of 39.6 years (*SD* = 11.0; range = 22 – 65). Age was collapsed in to three groups for comparison – older journalists were aged from 44-65 years (*n* = 37), mid aged were 34-43 years (*n* = 38) and younger journalists 22-33 years of age (*n* = 40). Fifty-six percent (*n* = 64) were partnered (i.e., either married or de facto) and 44% (*n* = 51) were single.

While all participants were from Australia, the ethnic breakdown of this group was mixed. Seventy percent (*n* = 80) reported that they or their parents were born in the Asia Pacific region (which, as identified by the United Nations, identifies countries such as Australia, New Zealand, Japan, China, India, Afghanistan, Timor Leste, and the Philippines, to name a few); seventeen percent (*n* = 19) were of European heritage; ten percent (*n* = 12) of heritage from the Americas (North America, including Canada, and South America), and three percent *(n* = 4) were of African heritage.

On average, participants had been working as a journalist for 20.4 years (*SD* = 9.6), with experience ranging from 3 months to 48 years. In terms of reporting medium, participants most commonly identified as print journalists (*n* = 46; 40.0%), followed by broadcast (including TV and radio reporters) (*n* = 41; 35.7%), camera operators, (photojournalists, video journalists and TV camera operators) (*n* = 19; 16.5%), and finally, editors and others (*n* = 9; 7.8%). Twenty percent of participants (*n* = 23) worked as freelance and eighty percent of respondents (*n* = 92) were staff reporters. Nineteen percent (*n* = 22) had participated in some form of psychological trauma awareness/stress-reduction education. Surprisingly, fifty percent of journalists (n = 58) had reported on war at least once in their career, with the remaining fifty percent (*n* = 57) of journalists being non war reporters.

6.4.2   Measures

Stress and Trauma Awareness Training

A dichotomous question 'yes / no' was asked in regard to participants having training on trauma or stress – *"Have you ever had psychological training or education on work related trauma or stress exposure, and stress management techniques?"*

Stressor Survey (SS; Pyevich et al., 2003).

The Stressor Survey is a 13-item questionnaire adapted from the 23-item Multiple

Stressor Survey (MSS; Newman & Willard, 1996) that asks participants about personal

traumatic events (non-work-related) they may have experienced in the past. The MSS

includes all potential traumatic events recommended for use in any PTSD screening devised

by the 1995 Consensus Conference on the Diagnosis and Assessment of PTSD (Keane,

Weathers & Foa, 2000). Not all information obtained from the original MSS was deemed

necessary for the current study as there seemed to be some repetition in the questions. It was

felt an abridged version of the survey would be more appropriate for journalists, so the

adapted Stressor Survey (SS: Pyevich, et al., 2003) was designed specifically for the media

profession. Sample items included in the MSS, but not included in the SS are "Have you ever

been severely burned?" and "Has anyone you have ever worked with coerced or threatened

you to have some type of unwanted sexual contact?" The SS included information about

potentially traumatic events (PTE's) such as: natural disaster, accident, war zone, life-

threatening illness/injury, traumatic death of friend or family member, kidnapping, physical

assault, sexual assault, or other life threatening event (e.g., "Have you witnessed or

experienced a serious accident causing injury?") A total score was calculated by summing

the number of different types of PTE's endorsed by the participants. This scale measures the

number of events of a particular type experienced, rather than a conceptual variable, thus

alpha reliability scores are not relevant.

PTSD Checklist-Civilian Version (PCL-C; Weathers, Litz, Huska, & Keane, 1994).

The PCL-C is a 17-item self-report Likert scale used to assess the 17 symptoms of

PTSD as defined by DSM-IV-TR (2000). Participants are asked to specify how much they

were concerned by each symptom (e.g., repeated, disturbing memories, thoughts, or images

of a stressful experience?) during the last month on a rating scale of 1 "Not at all" to 5 "Extremely." The PCL-C total score is established by adding the answers of the 17 items to give a potential score from 17-85. A probable PTSD diagnosis may be may be gained by utilizing a cut-off score. Research with civilian samples has identified potential cut-offs ranging from 30 (Walker, Newman, Dobie, Ciechanowski, & Katon, 2002) to 50 (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996). The current study used a cut-off score of 44 as recommended by Blanchard et al. (1996) and Ruggerio, Ben, Scotti and Rabalais (2003). Other journalism and trauma studies using the PCL-C have also used a cut off of 44 (e.g., Newman et al., 2003; Pyevich et al., 2003), therefore using such a score in the current study allows for consistency in comparison. Additionally, a 'mixed scoring procedure' was employed, whereby scores of 3 and above are considered indicative of a given symptom in the PTSD symptom clusters being present. This approach has been suggested to provide the highest level of diagnostic effectiveness (.96) in a civilian population (Ruggerio et al., 2003). Using the mixed scoring procedure, each cluster symptom is assessed individually, with a provisional PTSD diagnosis made where at least one re-experiencing item is scored 3 or above; three items 3 or above for the avoidance cluster, and two items 3 and above for hyperarousal.

The PCL-C has excellent internal consistency (Cronbach's alpha = .94), and very good test-retest reliability (r = .88, 1-week test-retest) (Ruggiero, Del Ben, Scotti & Rabalais, 2003). The overall PCL-C used in the current sample yielded a Cronbach's alpha of .95, with symptom cluster subscales of hyperarousal (α = .82), avoidance and numbing (α = .79), re-experiencing (α = .82)

Peritraumatic Distress.

Subjective peritraumatic distress (DSM-IV-TR, Criterion A2) was assessed by three forced choice items developed by Smith (2008): "Did you experience extreme horror?", "Did you experience extreme fear?", and "Did you experience extreme helplessness?" A total peritrauma distress score was obtained by summing the number of 'yes' responses, with possible scores ranging from 0-3. Cronbach's alpha coefficient for a total peritraumatic score was just acceptable in the current sample ($\alpha = .53$) (Nunnally, 1967). Individual peritraumatic factors were fear ($\alpha = .74$), horror/disgust ($\alpha = .74$) and helplessness ($\alpha = .77$).

Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996).

The PTGI is a 21 item questionnaire developed to measure positive changes amongst people who have been exposed to traumatic events. Posttraumatic growth is assessed across five domains: relating to others, new possibilities, personal strength, spiritual change, and appreciation of life. Example items include: "I established a new path for my life" and "I accept that I need others." The response options range from 0 (not at all) to 5 (to a very great degree). There are no cut-off scores for this measure. Tedeschi and Calhoun, (1996) identified excellent internal consistency for the PTGI ($\alpha = .90$). Test-retest reliability was acceptable (r =.71). The current study found a Cronbach's alpha coefficient of .85 for the PTGI total scale and subscale coefficients as follows: relating to others ($\alpha = .85$), new possibilities ($\alpha = .86$), personal strength ($\alpha = .84$), spiritual change ($\alpha = .70$), appreciation of life ($\alpha = .77$).

Journalist Trauma Exposure Scale (JTES; Pyevich et al., 2003).

This 24 item scale was developed by Newman et al. (2003) and Pyevich et al. (2003) to assess work-related trauma exposure (e.g., vehicle accidents, murders, war). The original

JTES had three subscales: JTES-R: range of traumatic exposure (type of event), JTES-F: frequency of exposure, and JTES-S: severity of exposure. The current study only used the range of exposure and severity of exposure measures in data analysis as the frequency measure elicited responses such as "100's, "millions" and "many", which rendered them unusable.

Range of traumatic event was produced by respondents endorsing the types of reporting events covered on the job that they be considered traumatic (questions 1-14). A range of event total score was created by summing the total number of events endorsed. Higher numbers suggested a greater range of different types of potentially traumatic events reported on (e.g., sexual assault, child death, and murder). Throughout the thesis the range scale is referred to as 'work trauma range'.

A severity total score was created by summing the number of characteristics of events endorsed by respondents deemed traumatic (questions 15-23). Higher numbers suggested more trauma severity (e.g., gruesome scene, being verbally or physically attacked, and received injuries). Throughout the study the severity score is referred to as 'work trauma severity'.

Question 24 asks respondents to identify their single most distressing reporting event.

The internal consistency of the JTES subscales (Cronbach's alpha) have previously been found to range from .63 to .84 (Pyevich et al., 2003). The internal consistency coefficients for the present study were ($\alpha = .78$) range, and ($\alpha = .91$) severity.

6.4.3   Procedure

Ethics approval was obtained from the Swinburne Ethics Committee (SUHREC – HBS-SBS Project 01/04). As previous studies on the media profession have yielded low survey response rates, the current researcher used a convenience sample method of gathering

data to ensure adequate numbers of trauma exposed journalists were in the data pool. To assist respondents to decide whether or not they were 'trauma reporting', the DSM IV-TR definition of Criterion A was provided in the preface of the survey.

The participants for the convenience sample were recruited via a range of methods. Email invitations were sent to chiefs-of-staff in major newsrooms in Australia, asking them to circulate the 'invitation to participate in the study' to their news staff, along with the online survey link, explanation of the study and informed consent declaration. Chiefs-of-staff were identified through the Margaret Gees Australian Media Directory (http://connectweb.com.au/media-guide.aspx). To supplement these direct invitations, an article about the study was published in the media section of Australia's national daily paper, *The Australian*. The article included the link to the web-based survey, along with an invitation to participate if eligible. In addition, an advertisement was placed in the Media, Entertainment and Arts Alliance magazine, *The Walkley*. The advertisement gave an explanation of the study and an invitation to participate.

To increase the representation of freelance journalists in Study 1, the researcher attended the National Freelance Conference of the journalists' union – the Media, Entertainment and Arts Alliance – and had an information table promoting the study. Twelve journalists filled out hardcopy questionnaires at the information table, placed them in sealed envelopes, and gave them directly to the researcher, who stored the surveys in a locked briefcase.

Study measures were administered using the online survey programme 'Surveyor', a site facilitated by Swinburne University. The online survey took approximately 20 minutes to complete. One hundred and thirty-three participants began the survey, however 18 participants did not provide complete data. Because of the nature of Structural Equation

Modelling, only participants who answered all survey questions were able to be included for

analysis. Therefore, the final study sample comprised the 115 participants who provided

complete data.

6.5   Results

6.5.1   Preliminary analyses of the quantitative research – Study 1

The analysis for Study 1 was completed using the statistical programs IBM SPSS

Statistics 19 and AMOS 18 (Arbuckle, 2007). As discussed in the previous chapter, missing

data were not problematic in this study as only participants with complete data were included.

For each variable of interest, the distribution of data was examined for extreme outliers and

skewness to ensure assumptions were met for the statistical analyses. Six extreme outliers

were identified on the PCL-C and four on the PTG scale. The outlying scores were

transformed by replacing the values with the next highest value in the sample within normal

range. Positive skew was detected on the PCL-C (skew = .82, SE = .23) and the subscale

PTSD re-experiencing (hereafter called re-experiencing) (skew = 1.06, SE = .23). Negative

skew was found on Work Range (JTES-R) (skew = -1.05, SE = .23). A square root

transformation was performed on the PCL-C and re-experiencing and a 'reflect and square

root' transformation performed on Work Range to correct the skewed distributions

(Tabachnik & Fidell, 2013). Whilst the transformations were successful in correcting the

skewness on the PCL-C and Re-experiencing, Work Range remained negatively skewed.

The transformed variable results did not differ from the non-transformed distributions.

Therefore, the results are reported using the non-transformed outcomes. All participants in

the study were 'trauma reporting journalists'. Table 6-2 shows the number and percentage of

reporters experiencing the range of potentially traumatic, work related events in the past three

years. These events constitute the JTES work trauma range scale. Events involving an

injured or dead child, murder, non-family member assault and other events had been

experienced by the majority of reporters, whilst war reporting, torture and kidnap and airplane accidents were least commonly reported. The mean number of events that people had reported on over the last three years was 9 (SD = 2.94). These outcomes closely resemble results obtained by Pyevich et al. (2003) in their study of 866 U.S. print journalists. In that sample the most commonly reported events were motor vehicle accidents, assault by non-family members and murder, with war and 'other' events the least often experienced.

Means and standard deviations for all measures are reported in Table 6-1. The mean score for PCL-C total is less than the suggested cut off of 44 (Blanchard et al., 1996: Ruggiero et al., 2003), suggesting the majority of media professionals did not experience probable PTSD. Nonetheless, the mean PCL-C score in the current study was higher than other journalist studies using the same measure (Nelson, 2011; Newman et al., 2003; Smith, 2008). Cluster symptom results also indicate low levels of pathogenic symptomology. Peritrauma distress results indicated that helplessness was the most endorsed peritraumatic distress reaction. Results on the PTGI mean scores also indicate a low level of PTG reported amongst the media professionals. Whilst some media professionals clearly reported statistically significant levels of pathogenic and salutogenic posttrauma outcomes, these journalists were in the minority.

Using the recommended diagnostic cut off of 44 for the PCL-C to determine probable posttraumatic stress symptomology (PTS) (Blanchard et al., 1996: Ruggiero et al., 2003) 25.2% (n = 29) of the overall current sample scored 44 or more. To examine the group in more detail the sample was divided into two groups - war reporters (n = 58) and domestic reporters (n = 57). When the war reporting group was examined as one group, results showed that 16.6% reported scoring 44. The second group, domestic reporters, had 8.6% of participants reporting above the cut off of 44. Using the mixed-scoring procedure (Ruggerio et al., 2003), 23.2% of the total group reported probable PTSD;15.9% of war reporters, and

7.4% of non-war reporters had scores indicating probable PTSD. In regard to peritrauma experiences, seventy percent (n = 80) reported helplessness, sixty-five percent (n = 75) reported horror or disgust and thirty-five percent (n = 40) of the group reported experiencing fear at the time of the event.

Table 6-1

Data range and scale: means and standard deviations of PCL-C, peritrauma and PTG scores

for trauma exposed journalists (*N = 115*)

	M	*SD*	Data Range	Scale Range
JTES – R	9.02	2.94	1-14	1-15
JTES – S	6.43	2.11	3-9	1-9
SS	5.9	2.31	2-11	0-13
PCL-C (total)	33.83	13.83	17-70	17-85
PCL – Hyperarousal	10.92	4.73	5-23	5-25
PCL – Avoidance and numbing	12.86	5.51	7-27	7-35
PCL – Re-experiencing	9.94	4.65	5-22	5-25
Peritrauma total	1.76	1.01	0-3	0-3
Peritrauma – Fear	.32	.41	0-1	0-1
Peritrauma – Horror	.60	.44	0-1	0-1
Peritrauma – Helplessness	.75	.41	0-1	0-1
PTGI Total	39.48	23.43	0-90	0-105
PTGI – Appreciation of life	7.77	4.27	0-15	0-15
PTGI – New possibilities	7.52	6.75	0-23	0-25
PTGI – Personal strength	8.11	5.56	0-18	0-20
PTGI – Spiritual change	1.90	2.56	0-10	0-10
PTGI – Relating to others	14.18	8.53	0-33	0-35

Note: JTES-R = JTES total range scores; JTES-S = JTES total severity; SS = Stressor Scale scores; PCL- C = Posttraumatic Checklist-Civilian; PTGI = Posttraumatic Growth Inventory

Number of journalists experiencing a range of work related trauma exposure events

Table 6-2 shows the number and percentage of reporters experiencing the range of potentially traumatic, work related events in the past three years. These events constitute the work trauma range scale. Events involving an injured or dead child, murder, non-family member assault and other events had been experienced by the majority of reporters, whilst war reporting, torture and kidnap and airplane accidents were reported by the smallest number of participants.

Table 6-2

Percentage and number of journalists experiencing the range of potentially traumatic assignments covered in the last three years (N = 115)

Event	Percentage	*n*
Injured/dead child	97.4	112
Murder	87.8	101
Assault (non-family member)	86.9	100
Other gruesome scenes	86.9	100
Sexual assault	86.1	99
Motor vehicle accident	86.0	99
Mass casualties	84.4	97
Life-threatening illness	83.5	96
Fire-related injuries	82.6	95
Assault (by family member)	81.7	94
Natural disaster	76.5	88
Airplane accident	71.3	82
Torture/kidnapping	69.6	80
War zone	50.4	58

The mean range of events that people had reported on over the last three years were 9 different types of events. These outcomes closely resemble results by Pyevich et al. (2003) on 866 U.S. print journalists which identified the most common events reported by journalists were motor vehicle accidents, assault by non-family members and murder, and the least events reported were war and other events.

Severe work characteristics

Table 6-3 presents the number and percentages of journalists identifying severe work characteristics when covering potentially traumatic events over the last three years. These events constituted the work trauma severity variable. Of the sample, the majority identified covering events at the scene, being verbally threatened whilst on assignment and witnessing unidentified gruesome scenes on assignment.

Table 6-3

Percentage of journalists identifying severe events when on assignment in the last three years (N = 115)

Event	Percentage	n
Covered event at the scene	93.0	107
Verbally threatened on assignment	89.5	103
Witnessed gruesome scene on assignment	79.1	91
Multiple traumatic events/week	73.9	85
Witnessed death/injury on assignment	58.2	67
Physically attacked on assignment	43.4	50
Knew victim/perpetrator on assignment	43.4	50
Received injuries on assignment	32.1	37
Announced news of death to victims' families	25.2	29

Fewer journalists reported that they had announced the news of death to victims' families. The mean number of severe workplace characteristics experienced by journalists was 6 *(SD = 2.11)*. These results are higher than the severity exposure rate over a 12 month period reported by Pyevich et al. (2003) who found that almost 3/4 of journalists in their study had reported at the scene and were verbally threatened, just over 1/2 experienced multiple traumatic assignments and witnessed gruesome scenes.

Most distressing assignment type

Table 6-4

Percentage and number of journalists identifying their "most distressing" reporting event (N = 115)

Event	Percentage	*n*
Injured/dead child	22.6	26
Mass casualties	21.7	25
War zone	10.5	12
Motor vehicle accident	8.7	10
Murder	7.9	9
Airplane accident	5.2	6
Torture/kidnapping	5.2	6
Natural disaster	5.2	6
Other event causing death or injury	4.3	5
Sexual assault	3.4	4
Fire-related injuries	2.6	3
Assault (by family member)	1.8	2
Life-threatening illness	.9	1
Assault (non-family member)	0	0

The assignment types chosen as most distressing are presented in Table 6-4. Reporting on a dead/injured child, mass casualties, and reporting in war zones were the most distressing, with reporting on life threatening illness being the least stressful of the traumatic events. Comparative research by Pyevich et al. (2003) identified, like the current study, that injured/dead child was the most distressing event to report on; however, unlike the current study, this event was followed by murder and motor vehicle accident as the second and third most distressing event.

Personal trauma history

Table 6-5

Percentage of journalists experiencing personal traumatic events across the lifespan (N = 115)

Event	Percentage	*n*
Life threatening illness to self, family or friend	80.8	93
Serious accident	57.3	65
Natural disaster	56.5	65
Other stressful experience (not specified)	53.0	61
Witnessed or been attacked with a weapon	39.1	45
Experienced domestic violence with injury as a child	35.6	41
Witnessed domestic violence as a child	33.9	39
Childhood sexual assault	15.6	18
Death of spouse or child	12.1	14
Experienced violence with injury as an adult to	11.2	13
Adulthood sexual assault	9.3	11
Lived in a war zone	7.8	9
Terrorist attack or torture of self, family or friend	1.7	2

The entire sample endorsed at least one major traumatic personal trauma exposure in their lifetime. Table 6-5 indicates the number and percentage of each type of traumatic event, with life threatening illness to self, family or friends, serious accident and experiencing a natural disaster as the three major personal traumatic life events. These events constitute the personal trauma history measure. Death of spouse or child was the least experienced personally traumatic event. Overall the group was a high exposure, personal trauma history group. The personal trauma exposure in the current study is overall higher than a comparable study by Smith, (2008). Also, the top three personal trauma events reported by Smith (2008) study were natural disaster, sudden death of family or friend and other.

Trauma exposure and study variables

As seen in Table 6-6, independent sample t tests, and one way ANOVAs were conducted to compare significant differences on the three different types of trauma exposure (work trauma severity, work trauma range of event, and personal trauma history) and demographic variables of gender, age, and work variables (reporting medium, work status, and war/domestic reporters). Means and standard deviations are reported in Table 6-6, with standard deviations below the mean scores in parentheses.

Gender and trauma exposure

As shown in Table 6-6, when examining the three types of trauma exposure – work trauma severity (e.g., verbally abused, range of events, personal trauma history) and gender, it was found there were significant gender differences between men and women on all three types of exposure, at p<.000 and p<.001 levels, with men experiencing significantly more severe work trauma exposure than women; a greater range of traumatic events, and significantly more personal trauma history.

Reporting medium and trauma exposure

Table 6-6 shows that camera operators reported significantly higher trauma severity than print and broadcast journalists, and editors/others at the $p<.01$ level. However, there were no significant differences between the four reporting mediums on range of trauma exposure and personal trauma history. Personal trauma history was measured by the Stressor Scale (SS) and included personal experiences such as witnessing family violence as a child or experiencing sexual abuse.

Work status and trauma exposure

There were no significant differences between freelance and staff journalists on work trauma severity levels, work trauma range, or personal trauma history (see Table 6-6). As above, personal trauma history was measured by the Stressor Scale.

War and non-war reporters and trauma exposure

As seen in Table 6-6, there was a significant difference between war reporters and domestic reporters in relation to work trauma severity and range of traumatic events, with war reporters experiencing higher rates of both types of exposure compared to non-war reporters at the $p<.01$ and $p<.05$ levels. There were no significant differences between non-war reporters and war reporters on personal trauma history.

Table 6-6

Means and standard deviations of types of trauma exposure, demographic and work related variables N = 115

	Work trauma severity	Work trauma range	Personal trauma history
Gender			
Women	13.68	10.00	16.97
	(2.14)	(3.09)	(2.36)
Men	15.11***	12.21***	18.32**
	(1.80)	(2.25)	(2.63)
F (df)	12.87	18.54	6.86
p	<.001	<.001	.003
Age			
Older	14.84*	11.41	18.27**
	(2.12)	(2.77)	(2.69)
Mid aged	14.50	10.74	17.97
	(1.98)	(3.29)	(2.49)
Younger	13.73	10.93	16.60
	(2.02	(2.77)	(2.62)
F (df)	5.63	2.63	5.15
p	.032	.076	.007
Reporting medium			
Camera operators	15.89**	11.26	18.00
	(1.56)	(2.99)	(2.70)
Broadcast	14.22	11.61	17.41
	(1.98)	(2.36)	(2.85)
Print	13.89	10.52	17.63
	(2.16)	(3.38)	(2.45)
Editor/others	13.89	10.33	17.33
	(2.20)	(2.64)	(1.58)
F (df)	4.53	1,23	.619
p	.005	.432	.604
Work status			
Staff	14.34	11.27	17.46
	(1.96)	(2.77)	(2.50)
Freelance	14.35	10.00	18.13
	(2.65)	(3.43)	(2.81)
F (df)	.008	3.50	.96
p	.932	.061	.264
War and non-war reporters			
War reporting	14.19**	13.72*	17.79
	(1.86)	(2.17)	(2.78)
Non war reporting	10.40	11.62	17.39
	(2.61)	(3.13)	(2.34)
F (df)	12.36	10.45	1.30
p	.001	.021	.253

Note: Standard deviations below means in parentheses

Number of journalists in each reporting group

Table 6-7 shows the number of people in each reporting medium, by war-reporting, work status, trauma education and gender groups. Results indicate the majority of war reporters came from the print medium, as did the majority of freelance reporters.

Table 6-7

Journalist characteristics according to reporting medium (N = 115)

	Print	Camera	Broadcast	Editor/Other
	n	*n*	*n*	*n*
War	24	11	20	3
No war	22	8	21	6
Staff	37	11	37	7
Freelance	9	8	4	2
Trauma Ed-Yes	7	5	9	1
Trauma Ed – No	39	14	32	8
Women	31	4	20	7
Men	15	15	21	2

The majority of staff reporters came equally from print and broadcast mediums. The majority of women worked in print reporting and the majority of men were broadcasters. The majority of people experiencing trauma education were also from the broadcast medium.

Number of war reporters according to work status and gender

Table 6-8 shows the number of people in relation to gender, work status, war and non-war reporting. The comparison established that the majority of war reporters were male, staff journalists.

Table 6-8

Gender and work status according to war and non-war reporting characteristics (N = 115)

	War	Non war
	n	*n*
Staff	41	51
Freelance	17	6
Women	25	37
Men	33	20

Table 6-9 presents data for work status according to gender. Results show that the majority of men and women worked as staff reporters, and that the majority of freelance reporters are women.

Table 6-9

Work status according to gender (N = 115)

	Staff	Freelance
	n	*n*
Women	47	15
Men	45	8

Summary profile of participants in the current study

In comparing the different groups of journalists in the study, men had significantly higher rates of work trauma severity, range of work trauma experiences, and personal trauma history than women in the group. Older journalists had higher rates of work trauma severity and personal trauma history than either mid aged or younger journalists. The only reporting medium to have a higher rate of exposure was camera operators, who reported higher rates of trauma severity only. There were no significant differences between freelance or staff reporters on any of the trauma exposure measures, however war reporters evidenced higher rates of trauma severity and range of events than non-war reporters.

Almost all journalist (97.4%) had reported on a dead or injured child over the previous three years, followed by murder and assault by non-family members. A surprising 50% of the media professionals in the study had reported in a war zone at least once.

The severity of the journalist experience was caused by covering events from the scene of the potentially traumatic event, especially when the scenes were gruesome. Over 90% of the journalists had reported that they had had this experience. The number of severe workplace characteristics experienced by journalists in the current study was higher than those experienced by a comparative study by Pyevich et al. (2003). This difference may well be because the current study asked journalists about events over a three year period, and the Pyevich et al. (2003) study was over a 12 month period. In both the current study and the comparative research, reporting on dead and injured children was the most distressing story to cover. All participants in this study reported at least one personal, potentially traumatic event, with the most endorsed event being life threatening illness of self, family or friends. The participants in the present study reported much higher rates of personal trauma than a comparative study, using the same measure on US journalists by Smith (2008).

The breakdown of the characteristics of the groups of journalist established that the majority of freelance reporters are women. The majority of war reporters are men who work as staff reporters for print media. The majority of journalist experiencing trauma and stress management training came from the broadcast medium.

6.5.2 Aim 1: Evaluate the occurrence of pathogenic outcomes within different groups of Australian trauma exposed media professionals.

Association between negative trauma effects and reporting medium

1.1: Camera operators and PTS symptomology

1.2: Camera operators and PTS symptom clusters

1.3: Camera operators and peritraumatic distress

One way ANOVAs were conducted to examine mean differences in PCL-C total score, cluster symptom scores, and peritraumatic distress amongst the reporting mediums of print reporters, camera operators, broadcasters and editors/others. Results can be seen in Table 6-10. No significant differences were found amongst different types of reporters on any of the PCL-C scores, peritrauma total or peritrauma individual factors. This suggests that reporting medium does not influence pathogenic posttrauma outcomes, despite camera operators in the current study evidencing significantly higher rates of work trauma severity of exposure.

Table 6-10

Pathogenic mean trauma scores for reporting medium (N = 115)

	Work Medium					
	Print (*n* = 46)	Camera (*n* = 41)	Broadcast (*n* = 19)	Editor/other (*n* = 9)	*F*	*p*
PCL-C total	34.74 (15.40)	31.42 (12.33)	33.66 (13.01)	35.00 (13.82)	.28	.84
PCL – H	11.24 (5.04)	9.79 (3.91)	11.07 (5.05)	10.89 (3.48)	.44	.73
PCL – A & V	13.41 (6.34)	12.21 (4.81)	12.32 (4.72)	13.33 6.08	.39	.76
PCL – R	9.76 (4.69)	9.42 (4.33)	10.20 4.60)	10.78 (5.44)	.24	.87
Peri total	1.57 (,94)	1.74 (1.14)	1.80 (1.05)	1.56 (1.01)	.48	.71
Fear	.30 (.46)	.42 (.51)	.39 (.44)	.35 (.47)	.58	.63
Horror	.63 (.48)	.63 (.49)	.71 (.46)	.56 (.52)	.34	.79
Helplessness	.67 (.47)	.63 (.49)	.78 (.44)	.70 (.46)	.33	.80

Note: Standard deviations below means in parentheses. PCL-C total = Posttraumatic checklist – civilian total score. PCL-H = Posttraumatic checklist – hyperarousal. PCL–A & V = Posttraumatic checklist – avoidance and numbing. PCL-R= Posttraumatic checklist – re-experiencing. Peri total = Peritraumatic distress total.

Association between negative trauma effects and work status

     1.4: Freelance journalists and PTS symptomology

     1.5: Freelance journalists and PTS symptom clusters

     1.6*:* Freelance journalists and peritraumatic distress

Independent samples *t* tests were performed to examine mean scores and standard deviations on PCL-C total and PCL-C clusters symptoms between freelance and staff reporters. There were no significant differences between freelance and staff reporters on PCL-C total, and PCL-C cluster symptoms, or peritraumatic distress total scores. Results can be seen in Table 6-11. Chi square results for peritrauma individual factors showed that freelancers scored significantly higher than staff reporters on peritraumatic fear, but not on helplessness or horror. These outcomes suggest that being a freelance or staff reporter has no impact on levels of pathogenic PTS symptomology, however it does influence subjective levels of distress. That is, being a freelance journalist, amongst this group is a vulnerability factor for feeling significant levels of fear compared to staff reporters.

     Chi square results for peritrauma within staff and freelance reporters

Chi-square for independence (with Yates Continuity Correction) was used to examine peritrauma factors and work status groups. Results indicated a significant association between work status and the peritraumatic reaction of fear, $\chi2(1, N = 115) = 2.9$, $p = .05$, phi $= -.18$. Significantly more freelance journalists (52.2%) reported peritraumatic fear compared to 30.4% of staff reporters. There were no significant differences between freelancers and staff reporters on helplessness $\chi2(1, N = 115) = .06$, $p = .61$, phi $= .05$, or horror/disgust $\chi2(1, N = 115) = .54$, $p = .33$, phi $= -.09$.

Table 6-11

Pathogenic mean trauma scores for work status (N = 115)

	Work status				
	Freelance (*n* = 23)	Staff (*n* = 92)	*t*	Cohen's *d*	*p*
PCL-C total	38.83 (16.54)	32.58 (12.89)	1.68	.42	.10
PCL – H	12.13 (4.93)	10.61 (6.74)	1.38	.25	.17
PCL – A & V	14.87 (6.56)	12.30 (5.12)	1.74	.43	.09
PCL – R	11.48 (5.66)	9.55 (4.26)	1.52	.38	.13
Peri total	1.91 (1.16)	1.62 (.97)	1.24	.27	.22

Note: Standard deviations below means in parentheses. PCL-C total = Posttraumatic checklist – civilian total score. PCL-H = Posttraumatic checklist – hyperarousal. PCL–A & V = Posttraumatic checklist – avoidance and numbing. PCL-R = Posttraumatic checklist – re-experiencing.   Peri total = Peritraumatic distress total.

Research questions relating to the association between negative trauma effects and journalists who have experienced trauma and stress management education

    1.7: Stress and trauma trained journalists and PTS symptomology

    1.8: Stress and trauma trained journalists and PTS symptom clusters

    1.9: Stress and trauma trained journalists and peritraumatic distress

Independent samples *t* tests were conducted to compare the means and standard deviations of journalists who had experienced psychological trauma education and those who had not. As can be seen in Table 6-12 there were no significant differences in PTS symptoms or peritraumatic distress. These outcomes suggest that participating in trauma education and

stress management training does not influence pathogenic effects of trauma exposure, including PTS symptomatology or peritraumatic distress.

Table 6-12

Pathogenic mean trauma scores for trauma education (N = 115)

	Trauma Education				
	Yes (*n* = 22)	No (*n* = 93)	*T* (*df*)	Cohen's *d*	*p*
PCL-C total	32.32 (14.21)	34.18 (13.81)	.56	.13	.57
PCL – H	9.73 (4.52)	11.19 (4.77)	1.30	.31	.19
PCL – A&V	12.55 (5.25)	12.88 (5.58)	.25	.06	.79
PCL – R	9.68 (4.75)	10.00 (4.60)	.29	.06	.77
Peri total	1.82 (.91)	1.65 (1.04)	-.72	.17	.47

Note: Standard deviations below means in parentheses. PCL-C total = Posttraumatic checklist – civilian total score. PCL-H = Posttraumatic checklist – hyperarousal. PCL–A & V = Posttraumatic checklist – avoidance and numbing. PCL-R= Posttraumatic checklist – re-experiencing.   Peri total = Peritraumatic distress total.

Chi square results for peritrauma within trauma educated and non trauma educated groups

Chi-square for independence (with Yates Continuity Correction) was used to examine individual peritrauma factors and trauma education groups. Results indicated there were no significant differences across trauma education and the peritraumatic reaction of fear, $\chi2(1, N = 115) = .18$, $p = .63$, phi = .06; horror, $\chi2(1, N = 115) = .00$, $p = 1.0$, phi = -.01, or helplessness, $\chi2(1, N = 115) = .38.$, $p = .54$, phi = .08.

Association between negative trauma effects and war and non war reporters

1.10: War reporters, non war reporters and PTS symptomology

1.11; War reporters, non war reporters and PTS symptom clusters

1.12: War reporters, non war reporters and peritraumatic distress

Independent samples *t* tests were conducted to compare the means and standard deviations of war reporters and non-war reports on PCL-C total, and cluster symptoms and peritrauma scores. Despite war reporters evidencing higher rates of both trauma severity and range of traumatic event than non-war reporters, there were no significant differences between the groups on these measures

As seen in Table 6-13, this outcome suggests that contrary to the study hypotheses (*1.10-1.12*), for this cohort of journalists, war zone reporting was not a vulnerability factor for probable PTSD or peritraumatic distress.

Table 6-13

Pathogenic mean trauma scores war and non-war reporters (N = 115)

	Non war Reporters (n=57) M	War reporters (n=58) M	t	Cohen's d	P
PCL-C	31.86 (12.87)	35.76 (14.59)	-1.51	.28	.13
PCL – H	10.37 (4.50)	11.45 (4.94)	-1.22	.22	.22
PCL –A & V	12.21 (5.25)	13.41 (5.72)	-1.17	.21	.24
PCL – R	9.16 (4.35)	10.71 (4.77)	-1.81	.33	.07
Peri total	1.56 (.98)	1.65 (1.03)	-1.22	.08	.22

Note: Standard deviations below means in parentheses. PCL-C total = Posttraumatic checklist – civilian total score. PCL-H = Posttraumatic checklist – hyperarousal. PCL–A & V = Posttraumatic checklist – avoidance and numbing. PCL-R= Posttraumatic checklist – re-experiencing. Peri total = Peritraumatic distress total.

Chi square results for peritrauma within war and non war reporters

Chi-square for independence (with Yates Continuity Correction) was used to examine individual peritrauma factors and war and non-war reporters. Results indicated there were no significant differences between war and non-war reporters and the peritraumatic reaction of fear, $\chi2(1, N = 115) = .1.70, p = .19$, phi $= .14$; horror, $\chi2(1, N = 115) = .07, p = .79$, phi $= .04$, or helplessness, $\chi2(1, N = 115) = .00., p = .95$, phi $= .02$.

6.5.3   Summary of results in relation to Aim 1

This section has examined the relationship amongst various characteristics of an Australian group of trauma reporting journalists; trauma exposure, and pathogenic trauma effects. The results establish that overall, the cohort of Australian media professionals in the present study had substantial levels of work trauma severity of exposure; exposure to a broad range of different traumatic work events, and considerably high levels of personal trauma history. Men in the study group experienced significantly higher levels of all of these traumatic exposure types than women. When examining the characteristics of specific groups, there was evidence of two groups reporting significantly different exposure rates than their counterpart groups. Camera operators experienced statistically higher rates of work trauma severity than editors, print or broadcast journalists, and war reporters experienced significantly high rates of both work trauma severity and range of traumatic event compared to non-war reporters. Despite these differences there were no significant differences on pathogenic outcomes for these two groups. The only significantly different pathogenic outcome amongst any of the characteristic groups was for freelancers, who evidenced higher rates of peritraumatic fear compared to staff reporters.

These outcomes only determine however, that there were few pathogenic differences within the various groups. They do not imply that the sample as a whole did not experience negative posttrauma effects. Indeed, the overall mean scores on the PCL-C for the whole

group in the current thesis were higher than comparable outcomes in studies on journalists in the U.S (e.g., Nelson, 2011; Newman et al., 2003; Smith, 2008). Probable PTSD rates of 16.6% for war reporters and 8.6% for non-war reporters were established in the preliminary findings of this research. The results in this section highlight therefore that being in a specific reporting role or experiencing trauma/stress education or not, are not vulnerability factors for deleterious posttrauma outcomes. Amongst this cohort of reporters, it seems that any potential negative outcomes experienced come from the general role of being a media professional.

6.5.4 Aim 2: Evaluate the occurrence of salutogenic outcomes across different groups of Australian trauma exposed group of media professionals.

Association between reporting medium and PTG

2.1: Camera operators, other reporting mediums and PTG

2.1.1-2.1.6: Total PTG and the five PTG domains

One way ANOVAs were conducted to examine the mean scores and standard deviations of the four groups of reporting medium on PTGI total scores and the five PTGI domains. Results are reported in Table 6-14. Table 6-14 shows that the groups differed significantly on the PTG dimension of personal strength. Post-hoc comparisons using the Tukey HSD test indicated that the significant difference was due to a higher mean score for camera operators compared to print, broadcasters and editors and others. Therefore, camera operators had significantly higher rates of personal strength than all other reporting mediums. The effect size using eta squared was medium at .08.

Table 6-14

PTGI total and domain mean scores for reporting medium

	Reporting medium					
	Print (*n* = 46)	Camera (*n* = 41)	Broadcast (*n* = 19)	Editor/other (*n* = 9)	*F* (d,f)	*p*
PTGI total	37.17 (24.45)	48.89 (20.23)	39.29 (22.40)	32.22 (26.79)	1.48	.22
PTGI – AL	7.13 (4.54)	9.47 (3.73)	8.10 (3.96)	5.89 (4.51)	2.06	.10
PTGI – NP	7.09 (7.09)	10.00 (6.74)	7.20 (6.36)	6.00 (6.65)	1.10	.35
PTGI – PS	7.61 (5.65)	11.58 (3.94)	7.54 (5.53)	6.00 (5.97)	3.36*	<.05
PTGI – SC	1.30 (2.01)	2.58 (2.98)	2.22 (2.80)	2.00 (2.78)	1.51	.21
PTGI – RO	14.04 (9.34)	15.26 (7.39)	14.24 (8.16)	12.33 (9.11)	.24	.87

Note: Standard deviations are presented below means in parenthesise PTGI – Posttraumatic Growth Inventory; AL-Appreciation of Life; NP-New Possibilities; PS-Personal Strength; SC-Spiritual Change; RO-Relating to Others. Standard deviations in parentheses under means. *$p<.05$, **$p<, 01$, ***$p<.001$

Association between work status and PTG

2.2: Staff reporters, freelance reporters and PTG

2.2.1-2.2.6: Total PTG and the five PTG domains

Independent samples *t* tests were conducted to compare mean scores and standard deviations of freelance and staff reporters on the PTGI total measure and the five domains. Results in Table 6-15 indicate significant group differences in PTG total, new possibilities, and personal strength, with freelance reporters scoring significantly higher on each of these domains. The trend on the other domains was also for freelancers to report higher mean scores, but these were non-significant. These differences were in the absence of significant differences between staff and freelancers on trauma exposure variables, and pathogenic outcomes.

Table 6-15

PTGI total and domain mean scores for work status

| | Work status | | | | |
	Freelance (*n* = 23)	Staff (*n* = 92)	*t*	Cohen's *d*	*p*
PTGI total	49.39 (20.94)	37.00 (23.44)	2.31*	.55	<.05
PTGI – AL	9.13 (3.81)	7.42 (4.33)	1.72	.41	.09
PTGI – NP	10.17 (6.71)	6.86 (6.64)	2.13*	.49	<.05
PTGI – PS	10.17 (5.21)	7.60 (5.54)	2.01*	.47	<.05
PTGI – SC	2.78 (2.55)	1.67 (2.52)	1.87	.43	.06
PTGI – RO	17.13 (7.53)	13.45 (8.64)	1.87	.45	.06

Note: Standard deviations are presented below means in parenthesise PTGI – Posttraumatic Growth Inventory; AL-Appreciation of Life; NP-New Possibilities; PS-Personal Strength; SC-Spiritual Change; RO-Relating to Others. Standard deviations in parentheses under means. *p<.05, **p<, 01, ***p<.001

Association between trauma awareness education and PTG

2.3: Stress and trauma awareness trained journalists and non trained reporters and PTG:

2.3.1-2.3.6: Total PTG and the five PTG domains

Independent samples *t* tests were conducted to compare mean scores and standard deviations of trauma and stress management trained journalists and those who have not had such training on the PTGI total measure and the five domains. As seen in Table 6-16 there was a significant difference between trauma and stress educated journalists and those not receiving such training, with those experiencing the training evidencing higher rates on the PTGI total score, new possibilities, personal strength and relating to others than those not receiving the training. There were no trauma exposure differences or pathogenic outcome differences between trained and non-trained personnel

Table 6-16

PTGI total and domain mean scores for trauma education

	Trauma education		*t*	Cohen's *d*	*p*
	Yes (*n* = 22)	No (*n* = 93)			
PTGI total	51.27 (18.43)	36.69 (23.67)	-2.69**	.68	<.01
PTGI – AL	9.00 (3.66)	7.47 (4.37)	-1.51	.37	.13
PTGI – NP	11.68 (6.56)	6.54 (6.45)	-3.35**	.79	<.01
PTGI – PS	10.27 (4.79)	7.60 (5.62)	-2.05*	.51	.04
PTGI – SC	2.68 (2.93)	1.71 (2.44)	-1.61	.35	.11
PTGI – RO	17.64 (6.15)	13.37 (8.31)	-2.66*	.58	<.05

Note: Standard deviations are presented below means in parenthesise PTGI – Posttraumatic Growth Inventory; AL-Appreciation of Life; NP-New Possibilities; PS-Personal Strength; SC-Spiritual Change; RO-Relating to Others. Standard deviations in parentheses under means. $*p<.05, **p<, 01, ***p<.001$

Association between war reporters and non war reporters and PTG

2.4: Compared to non-war reporters, war exposed journalists will report higher levels of posttraumatic growth as evidenced by higher scores on the domains of:

2.4.1–2.4.6: Total PTG and five domains

Independent samples *t* tests were conducted to compare mean scores and standard deviations of war and non-war reporters on the PTGI total measure and the five domains. Results can be seen in Table 6-17 and show that war reporters scored significantly higher on PTGI total, as well as new possibilities, personal strength, spiritual change, and relating to others compared to non-war journalists. War journalists also reported higher rates of work related trauma exposure than non-war reporters, but there were no significant pathogenic differences between the two groups.

Table 6-17

PTGI total and domains mean scores for war reporters and non war reporters

	Non war Reporters (*n* = 57) M	War reporters (*n* = 58) M	*t*	Cohen's *d*	*p*
PTGI Total	33.56 (21.70)	45.29 (23.75)	-2.76**	.04	<.01
PTGI – AL	7.19 (3.96)	8.33 (4.52)	-1.40	.26	.15
PTGI – NP	5.82 (6.17)	9.16 (6.93)	-2.75**	.50	<.01
PTGI – PS	9.16 (4.30)	10.71 (4.70)	-2.59*	.34	<.05
PTGI – SC	1.25 (2.07)	2.53 (2.82)	-2.77**	.51	<.01
PTGI – RO	12.51 (8.38)	15.83 (8.42)	-2.11*	.39	.03

Note: Standard deviations are presented below means in parenthesise PTGI – Posttraumatic Growth Inventory; AL-Appreciation of Life; NP-New Possibilities; PS-Personal Strength; SC-Spiritual Change; RO-Relating to Others. Standard deviations in parentheses under means. *p<.05, **p<, 01, p<.001

6.5.5   Summary of findings related to Aim 2

This section examined the relationship between trauma exposure, various characteristic groups amongst the journalists' profession, and PTG. The findings extend previous research in showing that growth emerges in some people following significant trauma exposure, and especially if the person is part of particular characteristics groups, as a journalist.

The results for differences in camera operators and other mediums of reporting in PTG showed that camera operators did evidence significantly higher rates of the PTG sub domain, personal strength, compared to all other reporting mediums. However, there were no significant differences across any of the reporting mediums on any other PTG domain.

Camera operators were also the only medium to experience significantly higher rates of work trauma exposure severity compared to editors, print and broadcast journalists.

In relation to the investigation of potential differences between freelance and staff reporters on PTG scores established that freelance reporters evidenced significantly higher rates posttraumatic growth total scores, specifically on the domains of new possibilities and personal strength compared to staff reporters. Freelancers were also the only characteristic group to experience significantly different pathogenic effects compared to their counterparts of staff reporters as evidenced by significantly higher rates of peritraumatic fear that staff journalists. There were no differences on any of the exposure variables of work trauma severity, or range of experience, or personal trauma history between these groups.

Personnel trained in stress and trauma awareness evidenced higher rates of PTG than non trauma trained personnel evidence more PTGI total scores. There were no exposure differences between trained or non-trained personnel.

 As hypothesised in hypothesis 2.4, and consistent with previous research (e.g., Lev-Weisel et al., 2008), war exposure was associated with significantly higher rates of PTG. Therefore, war reporters compared to non-war reporters experienced significantly higher rates of PTG total, and PTG sub domains of new possibilities, personal strength, spiritual change and relating to others. Of all the characteristics groups, war reporters experienced more domain changes than any other of the characteristic groups measured. War reporters also had significantly higher rates of work related trauma severity and range of event than non-war reporters. The only sub-hypothesis not supported in relation to war reporting was in the sub domain, appreciation of life, as there were no significant differences between war reporters and their counterparts on this domain.

The outcomes of this section of the research demonstrate that experiencing trauma and stress management training, being a war reporter, freelance journalist, and camera operator contributes significantly to the emergence of PTG in journalists.

6.5.6   Aim 3: A model of gender, trauma exposure, posttrauma symptomology and PTG.

Structural Equation Modelling – Path Analysis Rationale

Path analysis using structural equation modelling method (hereafter SEM) was chosen as the statistical method for multivariate analysis for the third part of Study 1. SEM is a comprehensive and complex method to test a pattern of covariance amongst a system of variables in a graphic way to establish if the variables are related (Kelloway & Santor, 1999). The method attempts to explain as much of the variance amongst the variables as possible within the specified model (Kline, 2005). SEM tests hypothesized patterns of both directional and non-directional relationships among a set of observed (measured) variables (MacCallum & Austin, 2000) and includes not only single or multiple linear regressions, but also deals with a system of regression equations to examine their multivariate relationships at the same time (Nachtigall, Kroehne, Funke & Steyer, 2003). There are similarities and differences between SEM and regression analysis, which is often the choice for multivariate analysis in research. Both forms of investigation are based on linear statistics; both have sets of assumptions that must be met, such that regression assumes normal distribution and SEM assumes multivariate normality. Neither method tests causality (Suhr, 2006).

SEM was considered the best choice of analysis for the current study based on the differences between the two methods. SEM requires a specific *a priori* model that is supported by theory, to be estimated and scrutinized, whereas regression analysis specifies a default model. SEM uses multiple equations to be solved concurrently, and variables can be dependant or independent variables. On this basis it is a more flexible method. Regression

analysis demands that variables are one or the other. SEM analyses specific error, or unexplained variance, whereas regression assumes that assessment occurs without error (Suhr, 2006). Finally, SEM presents a clear pictorial diagram that helps ensure all pathways are included and tested (Baron & Kenny, 1986).

Sample size

Bentler and Chou (1987) have a rule of thumb requirement for SEM sample size that is of 5:1. That is, 5 participants per 1 parameter being tested. The conceptual model within the current study had 13 free parameters (arrows), therefore a sample size of 65 is a minimum suggested requirement, and the current sample of $N = 115$ fits comfortably within this prerequisite. Another proposed rule of thumb for power of sample size is 10-20 cases per variables in the model (Ding, Velicer & Harlow, 1995). The model of the current study has 6 variables; therefore, an acceptable sample is 60-120 cases. With 115 participants, the present sample was considered at the upper end, but acceptable limit and so deemed adequate according to this principle. Regarding power analysis for SEM Barrett (2007) states "I hesitate to advise authors to test the power of their model as the reality is there is no straightforward test of the kind one might see implemented for almost any other statistical test." (p. 821)

Goodness of fit

Goodness of fit refers to whether a hypothesised model of relationships between variables is one that is consistent with the actual data. There are a number of estimation methods for SEM, the choice of which is determined by whether the assumptions for SEM have been met. The three main assumptions are (a) that the sample size is sufficient in relation to the estimated parameters, (b) that the sample has normal distribution, and (c) that the error variances between the variables are uncorrelated (Tabachnik & Fidell, 2013). Assumption (a) regarding sample size has been addressed. Assumptions (b & c), relating to

distribution are addressed in more detail in the results section on page 97 however suffice to say that skewness was detected and managed through a square root transformation and a 'reflect and square root' transformation.

For SEM, Goodness of Fit is measured in a number of ways. Traditionally in SEM it has been evaluated by the Chi square statistic, whereby the magnitude of discrepancy between the sample and fitted covariance's matrices is assessed (Hu & Bentler, 1999). If the Chi square value is not significant ($p<.05$), the residual between the observed and predicted covariance matrix is small and therefore the model is regarded as a good fit (Barrett, 2007). Whilst Chi square is commonly used in SEM it is sensitive and may be unreliable with small sample sizes. Despite this problem Kline (2005) proposed that it is still essential to report it, along with the associated degrees of freedom and p value. To deal with the issue of potential unreliability a number of more robust indices have been developed. Specifically, the Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Standardised Root Mean Square Residual (SRMR) and the Parsimonious Normed Fit Index (PNFI) are all indices that are less sensitive than Chi Square to sample size and any lack of specificity in both the model and parameter estimates (Hooper, Coughlan & Mullan, 2008; Kenny & McCoach, 2003). As there are no 'golden rules' for which indices to use, ensuring a variety is reported for each model is important (Crowley & Fan, 1997). On this basis the current study has utilised the RMSEA, CFI and the TLI.

The RMSEA is regarded as one of the most useful fit indices to employ (Diamantopoulos & Siguaw, 2000). It measures the fit of the model amongst the population's covariance matrix, and is sensitive to the number of parameters in the model. A poor model fit is widely accepted to be at a value of .1 (Hu & Bentler, 1999). A good model is proposed at a value of 0 is an excellent fit (Kline, 2011). Keeping in mind that there is debate about the

varying cut-off levels for all indices, the current study utilised the RMSEA cut-off of 0.06

proposed by prominent theorists Hu and Bentler (1999).

CFI is commonly used because it is sensitive to the size of the correlations in the

model and sample size. The CFI performs well when sample sizes are smaller (Tabachnick

& Fidell, 2013). Values can range from 0 to 1.0 with a value closer to 1.0 regarded as a

better fit. The most accepted cut off for the CFI is > 95 (Hu & Bentler, 1999). This is also the

recommended cut off for the TLI, by the same authors. The TLI is often used because it is

independent of the size of the sample, and depends on the size of the correlations. It is a

useful index for less complex models. Like the CFI, the suggested cut off for the TLI is close

to 95, or above. Close to' is an important statement as the authors propose that cut offs will

vary according to sampling and testing conditions with other indices (Hu & Bentler, 1999).

In running the SEM analyses, regression weights were set to 1.00 (Tabachnick &

Fidell, 2013). Standardized estimates (β) were requested for the regression weights to

measure the path coefficients. Squared multiple correlations were requested to gain

information on accountable variances. Indirect, direct, and total effects and bootstrapping

were requested to ascertain any mediation effects in the model. The models were improved

using a backwards selection method to remove non-significant paths and variables. In

addition, modification indices were used to include additional paths to improve the models. A

good model fit was determined by a non-significant $\chi2$ statistic (cut off p >.05), larger TLI

and CFI values (cut off >. 95), a smaller RMSEA (cut off <. 10). Both models took five

iterations to arrive at a best fit model.

Model construction

In creating the hypothesised structural equation models only variables that had

theoretical grounds, and relationships, were included (see *Figure 6-2* and Figure *6-3)*. Based

on previous literature and theoretical conjecture, the current author constructed two structural

equation models (SEM). Whilst these factors have been examined in other studies independently, it is a unique endeavour to examine them in one model, amongst an Australian journalist's cohort.

Two models were proposed to examine different hypotheses, which included PTG and PTSD symptoms (Model 1) and the PTSD symptom cluster, re-experiencing and PTG (Model 2). This was undertaken because the literature has established a positive relationship between PTSD symptomology and PTG (Shakespeare-Finch & Lurie-Beck, 2014), and specifically, re-experiencing and PTG (e.g., Tsai et al., 2013). The first model examined gender, personal trauma history, work trauma severity, peritrauma total, PTSD (total PCL-C score) to predict PTG. The second model examined the same variables but exchanged PTSD with the symptom cluster, re-experiencing to predict PTG. PTSD was also examined as an outcome variable in an exploratory manner, because the majority of the literature on journalists is focussed on probable PTSD as an outcome.

Model 1 included 4 direct hypotheses predicting PTG and 2 indirect hypotheses. Model 1 (*Figure 6-2*) also included 3 direct hypotheses predicting PTSD and 3 indirect hypotheses. The paths of Model 1 included two paths that were entered from gender, one to personal trauma history and one to work trauma severity; four paths were entered from personal trauma history, one to work trauma severity, one to PTSD, one to peritrauma and one to PTG; three paths were entered from work trauma severity, one to PTSD, one to peritraumatic distress and one to PTG; two paths were entered from peritrauma, one to PTSD and one PTG; one path was entered from PTSD to PTG. Model 2 (

Figure 6-3) examined the same variables and paths, but replaced PTSD with the specific PTSD cluster symptom of re-experiencing.
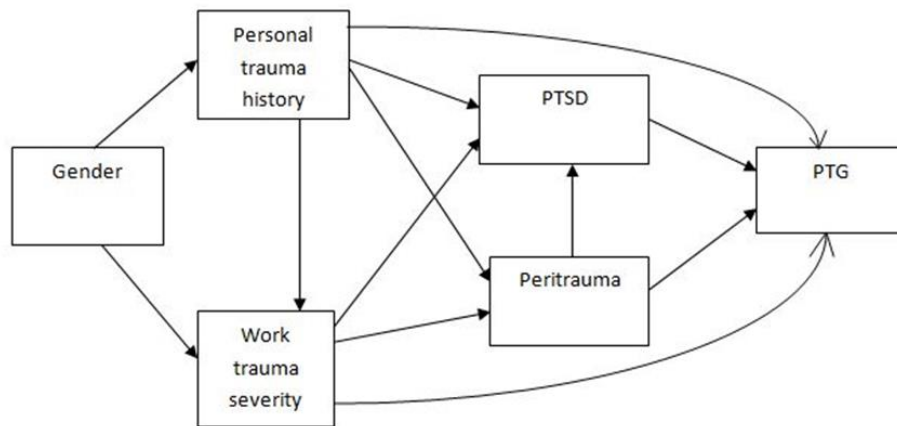
Figure 6-1. Structural equation Model 1 including PTSD

Model 2 was only concerned with the impact of re-experiencing on PTG so only hypotheses relating to that variable were posed, which was 1 direct hypothesis, and 2 indirect hypotheses predicting PTG.
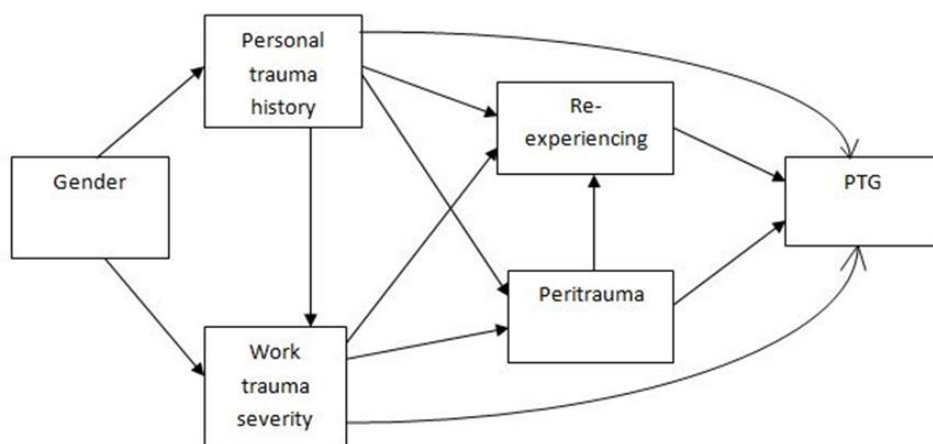
Figure 6-2. Structural Equation Model 2 including re-experiencing

The results of the SEM, are reported below. Prior to running the SEM, correlations of the study variables were analysed. Results can be seen in Table 6-18. Results show positive bivariate relationships of PTG with severity of work exposure, peritraumatic distress and PTSD symptomology. There were also positive bivariate relationships for PTSD symptomology, work trauma severity, personal trauma history and peritraumatic distress. Gender was positively correlated to work trauma severity and personal trauma history. Women were coded as 0 and men were coded as 1. The positive correlations suggest that

male gender was associated with higher levels of work trauma severity and personal trauma history. Whilst gender and personal trauma history did not correlate with PTG they were included in the model for theoretical reasons.

Table 6-18

Pearson's correlation coefficients for variables in PTG Models 1 and 2 (N = 115)

	1	2	3	4	5
1. PTGI					
2. Gender	.08				
3. Work trauma severity	.19*	.34***			
4. Personal trauma history	.16	.26**	.36***		
5. Peritraumatic distress	.36***	.02	.25**	.23*	
6a. PTSD	.19*	.07	.21*	.30**	.28**
6b. Re-experiencing	(.23*)	(.01)	(.26**)	(.27**)	(.26**)

Note: PTGI = Posttraumatic Growth Inventory, SD = standard deviation, * p < .05, ** p < .01, *** p < .001. Correlations for PTSD Model 1 (6a) in body of table. Re-experiencing correlations of Model 2(6b) in parentheses.

Model 1: PTSD symptomology

The fit statistics for the five iterations of the PTSD symptomology model (Model 1) are presented in Table 6-19. In Model 1, the first removed path in the backwards elimination process was the path from personal trauma history to PTG (regression weight = .020, *p* =.836). Following removal of this path, the fit indices in iteration 2 remained poor. In iteration 2, the path from peritrauma to work trauma severity was not statistically significant (regression weight p = .073, total effects p = .448). This path was removed for the next iteration of the SEM. In iteration 3, the model fit was again poor. The path from PTSD to PTG was not significant (regression weight = .070, p = .440). In iteration 4, an improvement in the model fit was observed, however the path from PTSD to work trauma severity was not significant (regression weight = .097, p = .290). This path was removed.

Table 6-6-19

Fit statistics of the structural equation model iterations of Model 1 - N=115

	Iteration 1	Iteration 2	Iteration 3	Iteration 4	Iteration 5
χ^2	5.79	5.84	6.41	7.01	8.11
df	3	4	5	6	7
p	.12	.21	.27	.32	.32
TLI	.80	.97	.98	.99	.99
CFI	.96	.90	.94	.96	.99
RMSEA	.09	.06	.05	.04	.04

Finally, a good model fit was achieved in iteration 5 (χ^2 (7) = 8.11, p = .323). No additional modifications were suggested. The TLI and CFI were both .99, which indicated a high fit statistic, above the required cut-off of .95. The RMSEA was .04, which was lower than the cut-off point of .06 employed in this study as a good fit, and closer to that suggested by Kline (2011) of 0, for an excellent model.
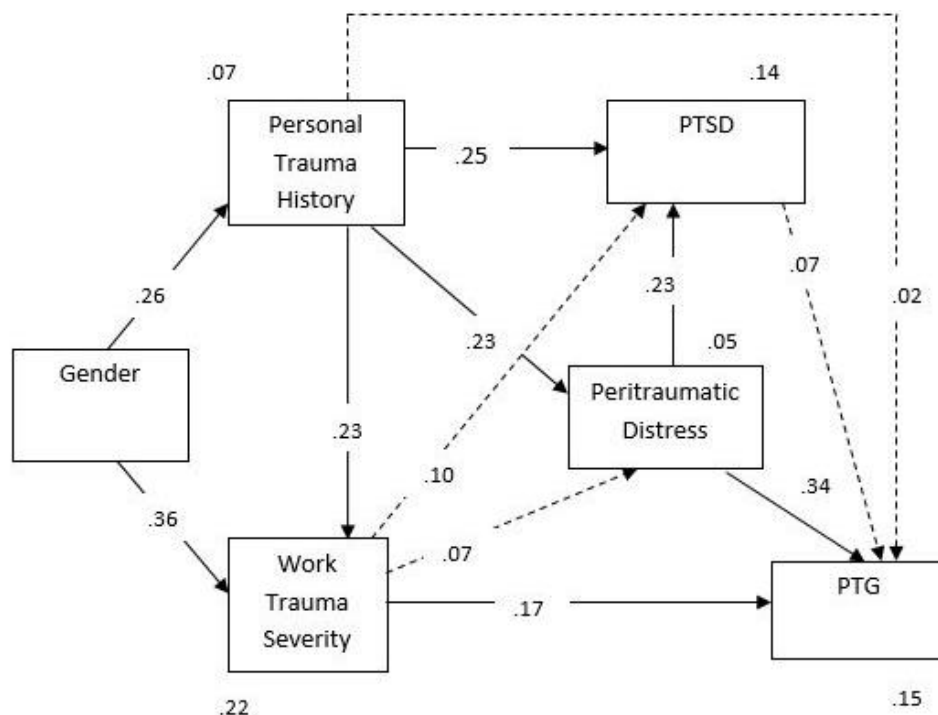
Figure 6-3. Structural Equation Model 1 results; standardized regression weights including significant and non-significant paths

Summary of Model 1

Results of Model 1 (*Figure 6-3*) are summarized in Table 6-20 and show that three hypotheses were supported and three were not. It was predicted that there would be a relationship between PTSD symptomology and PTG, however there was no relationship between these variables, either directly or indirectly in the model. This suggests that in the current group, PTG and PTSD are independent constructs. Further, PTSD symptomology was only predicted by personal variables such as personal trauma history and peritraumatic distress that arose from that trauma, but not work trauma severity. This suggests that when PTG, peritraumatic distress and personal trauma history are included in the model, work trauma severity is less important in relation to PTSD symptomology.

Table 6-20

SEM hypotheses for Model 1, standardized regression weights, p values and results of

hypotheses

Hypothesis	Paths	Standardised β	p	Result
3.1.1: PTG will be directly predicted by PTSD	PTSD-> PTG	.070	.440	Not supported
3.2.1: PTG will be indirectly predicted by personal trauma history (PH) and PTSD	PH->PTSD PTSD-> PTG	.248 .070	.005** .440	Not supported
3.3.1: PTSD will be directly predicted by personal trauma history	PH->PTSD	.248	.005**	Supported
3.3.2: PTSD will be directly predicted by work trauma severity (WT)	WT->PTSD	.097	.290	Not supported
3.3.3: PTSD will be directly predicted by peritraumatic distress (Peri)	Peri->PTSD	.226	.011*	Supported
3.4.1: PTSD will be indirectly predicted by work trauma severity through peritraumatic distress	WT->Peri Peri->PTSD	.073 .226	.448 .011*	Not supported
3.4.2: PTSD will be indirectly predicted by personal trauma history through peritraumatic distress	PH->Peri Peri->PTSD	.228 .226	.012* .011*	Supported
3.4.3: PTSD will be indirectly predicted by personal trauma history through work trauma severity	PH->WT WT->PTSD	.226 .097	.008* .290	Not supported

Note: Personal trauma history=PH; Work trauma severity=WT; Peritraumatic distress=Peri

Model 2: Re-experiencing

Model 2 examined the symptom cluster re-experiencing, rather than total PTSD

symptomology. The five iterations and fit statistics of the model can be seen in Table 6-21

which also implemented a backward selection method of removing insignificant paths. In

iteration 1, the first removed path was the path from personal trauma history to PTG

(regression weight = .020, p =.836). Following removal of this path, the fit indices in iteration

2 remained poor. In iteration 2, the path from peritrauma to work trauma severity was not

statistically significant (regression weight = .073, total effects p = .448). This path was

removed for the next iteration of the SEM. In iteration 3, the model fit was again poor. The

path from re-experiencing to PTG was not significant (regression weight = .113, p = .213).

Iteration 4 showed an improvement in the model fit, however the path from re-experiencing

to work trauma severity was not significant (regression weight = .157, p = .087). This path

was removed. Finally, a good model fit was achieved in iteration 5, $\chi2$ (7) = 8.53, p = .288.

No additional modifications were suggested. The TLI and CFI were .98 and .95 respectively,

which indicated a good fit statistic, equal to, and above the required cut-off of .95. The

RMSEA was .04, which was lower than the cut-off point of .06 employed in this study as a

good fit, and closer to that suggested by Kline (2011) of 0 for an excellent model.

Table 6-21

Fit statistics of the structural equation model iterations of Model 2

	Iteration 1	Iteration 2	Iteration 3	Iteration 4	Iteration 5
$\chi2$	3.52	3.55	4.12	5.60	8.53
df	3	4	5	6	7
p	.39	.47	.53	.46	.29
TLI	.96	1.02	1.04	.1.01	.98
CFI	.99	1.00	1.00	1.00	.95
RMSEA	.04	.00	.00	.00	.04
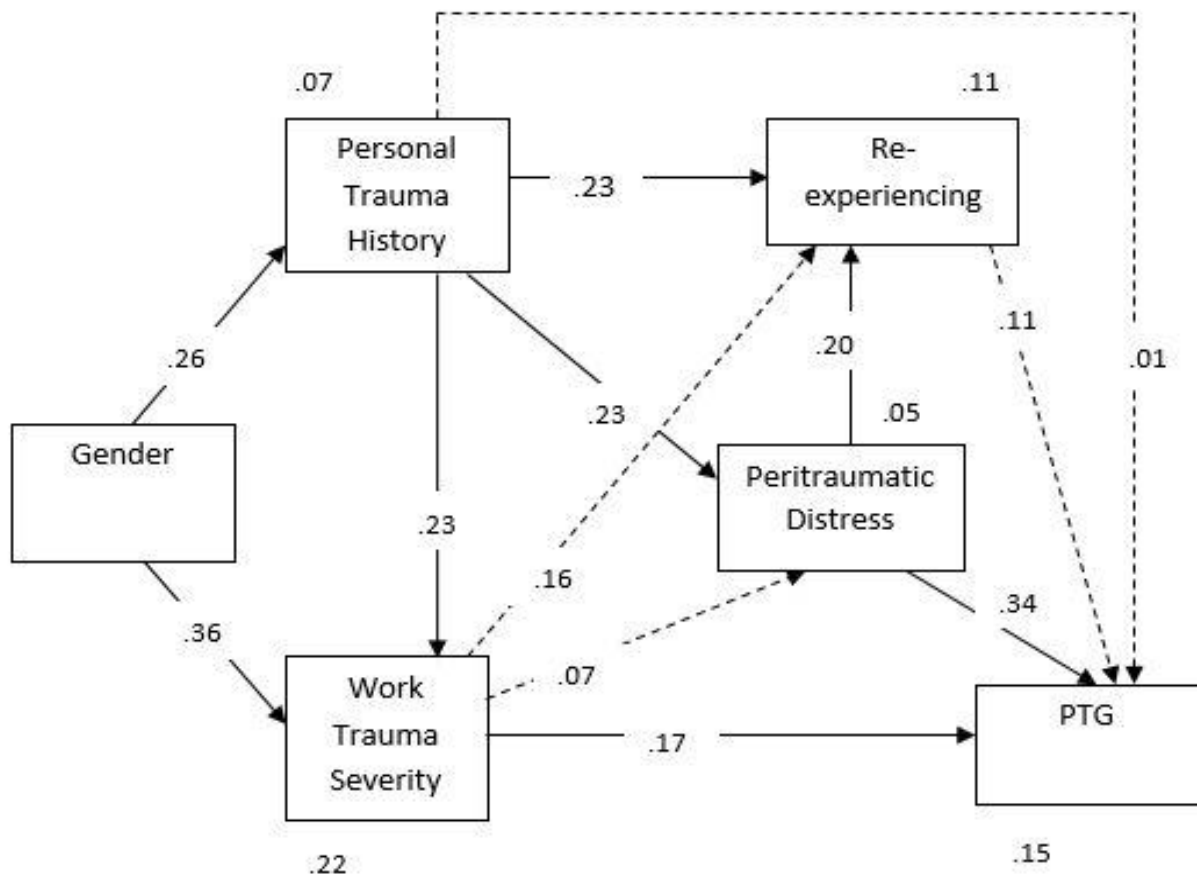
Figure 6-4. Structural Equation Model 2 results; standardized regression weights including significant and non-significant paths

Summary of Model 2

Results of Model 2 (*Figure 6-4*) are summarized in Table 6-22 and show that four hypotheses were supported and five were not. It was predicted that there would be a relationship between re-experiencing and PTG, however there was no relationship between these variables, either directly or indirectly in the model. This suggests that in the current group, PTG and re-experiencing are independent constructs.

Table 6-22

SEM hypotheses for Model 2, standardized regression weights, p values and results of

hypotheses

Hypothesis	Paths	Standardised β	*p*	Result
3.5.1: PTG will be directly predicted by re-experiencing	Re-Ex ->PTG	.113	.213	Not supported
3.5.2: PTG will be directly predicted by personal trauma history	PH-> PTG	.020	.836	Not supported
3.5.3: PTG will be directly predicted by work trauma severity	WT ->PTG	.170	.049*	Supported
3.5.4: PTG will be directly predicted by peritraumatic distress	Peri ->PTG	.339	***	Supported
3.6.1: PTG will be indirectly predicted by work trauma severity and gender (female)	Gender->WT WT->PTG	.356 .170	*** .049*	Supported
3.6.2: PTG will be indirectly predicted by personal trauma history and gender (female)	Gender->PH PH->PTG	.263 .020	.004** .836	Not supported
3.6.3: PTG will be indirectly predicted by personal trauma history and peritraumatic distress	PH->Peri- Peri->PTG	.228 .339	.012* ***	Supported
3.6.4: PTG will be indirectly predicted by personal trauma history and re-experiencing	PH->Re-Ex Re-Ex->PTG	.229 .113	.012* .213	Not supported
3.6.5: PTG will be indirectly predicted by work trauma severity and re-experiencing	WT->Re-Ex Re-Ex->PTG	.157 .113	.087 .213	Not supported

Note: Personal trauma history=PH; Work trauma severity=WT; Peritraumatic distress=Peri

PTG was predicted directly by work trauma severity, and indirectly by peritraumatic distress, personal trauma history and gender. The correlations (Table 6-18) showed that male gender was correlated with personal trauma history and work trauma severity. This relationship remained significant when entered in to the model, so on this basis, men in the current study experienced PTG and PTSD symptomology indirectly through these variables. The most potent predictor in the current study was personal trauma history, which predicted both PTG and PTSD symptomology.

6.5.7 Summary of results in relation to Aim 3

This section has built on previous research by examining a model of predictors for PTG amongst a journalist population. The overall outcomes establish that amongst an Australian cohort of trauma reporting media professionals, severe work trauma exposure has a direct, predictive relationship with PTG. Personal trauma history is also an important factor, as it has an indirect, predictive relationship with PTG through peritraumatic distress and work severity. Male gender, in this cohort of media professionals was also predictive of PTG, through each of these factors. Both Models 1 and 2 of the current study established that amongst this cohort there was no relationship between PTS symptomology and PTG.

6.6 Discussion of Study 1

Study 1 addressed two foci relating to posttrauma experiences of trauma exposed media professionals; section 1 included pathogenic effects and section 2 included salutogenic outcomes. This occurred by examining various characteristic groups of journalists – reporting medium, work status, stress and trauma educated, and war reporters. The third section of Study 1 examined a hypothesised model of variables to predict PTG amongst the whole study group as one. The following discussion of Study 1 considers all three sections in detail.

6.6.1 Reporting medium – print, camera, broadcast and editors/others

Despite the present finding that camera operators reported significantly higher rates of trauma severity than other reporters there were no significant differences between camera operators and other reporting mediums on negative posttrauma outcomes. This finding does not support Feinstein and Owen (2002) and Morales (2012; 2014) who established camera operators as having higher levels of PTSD than other reporters. It does however align with research by Dworznik (2008) who found no differences amongst photographers and other reporting mediums on PTSD measures. The anomaly with both Feinstein and Owen (2002) and Morales (2012; 2014) may relate to exposure severity, as those in Feinstein and Owen's (2002) research were war photographers, and those examined by Morales (2012; 2014) were exposed to extremely grotesque levels of trauma in Mexico, resulting in extremely high levels of psychopathology. The number of camera operators in the current study who had reported on war was only 10 percent ($n = 11$) of all the war reporters.

The lack of significant negative trauma outcomes for camera operators, despite their significantly high rate of trauma severity compared to other mediums, may also relate to Keats' (2010) proposal that the lens of a camera could be a protective device in the face of trauma, acting as a type of distancing mechanism. In this instance, the camera physically creates a barrier between the operator and the subject. Additionally, camera operators often report their screens are in black and white, and they often don't experience the full colour of the event. Similar to Keats (2010), Novak and Davidson (2013) identified a number of strategies employed by media practitioners as protective, in particular the support of peers and colleagues in the face of trauma. Busst (2012), in her research on the life of photojournalists as a profession, wrote of the specific bond amongst photojournalists as a reporting cohort; different to other reporters.

That camera operators scored significantly higher on the PTG domain of personal strength, compared to other reporters, is somewhat harder to comprehend. The aspects of this domain refer to feeling better able to handle difficulties, being stronger than previously thought, feeling more self-reliant and being more accepting of how things work out. This finding may be related to professional role. Keats (2010) proposed that having a tangible tool such as a camera in-hand affords the operators a sense of control that other reporters may not feel during trauma exposure. The camera operator has a tool to focus on as well as the story they are covering, which may assist the development of PTG. Having a higher level of personal strength, also may be a buffer to pathogenic trauma effects.

The work of photojournalists and camera operators in the face of trauma exposure demands special attention. These reporters are unique in that they do not use words to process or make sense of what they experience. We know from work by Pennebaker and Francis (1996) and Pennebaker and Campbell (2000) that writing about trauma contributes to processing traumatic content, and the management of negatives trauma reactions. Less is known about the impact of photography and camera work in managing trauma reactions that lead to positive outcomes, and negligible negative outcomes. It may be that camera operators process visual information in different ways than other news gatherers. In personal communication between the current author and Chris Brewin to discuss this issue, Brewin stated 'it is quite reasonable to speculate that camera operators may have more sophisticated ways of processing visual images or be less likely to freeze when faced with horrific scenes'. (C. Brewin, personal communication, August 18, 2015). Further research on this group of news gathering professionals in relation to the information processing capabilities as it relates to trauma exposure is warranted.

6.6.2   Work status - freelance and staff reporters

The only significant pathogenic outcome amongst all the characteristic groups was for freelance reporters, who evidenced significantly higher rates of peritraumatic fear compared to staff reporters. There was also a non-significant trend for freelancers to score higher than staff reporters on all pathogenic measures. These outcomes may be attributed to the fact that freelancers predominantly work alone and feeling fear often relates to a sense of safety (Greenberg et al., 2007). Horror/disgust relates to what is being witnessed, and helplessness relates to a lack of sense of control. In their professional roles, neither staff nor freelance reporters may feel that these issues are problematic for them. Managing such emotions may be part of the job role of being in a high exposure profession (Novak & Davidson, 2013).

Further to the freelancers' management of the significant fear they have reported, posttraumatic fear has been identified an active and important part of negative posttrauma outcomes (Foa & Kozak, 1986; Foa & Rothbaum, 1998). It may be that the experience of fear, and the management of the distress that accompanies it, stimulates the PTG evident in the freelance journalists. These outcomes support research that has established the struggle with peritraumatic distress as significantly related to PTG (Kunst, 2010; 2012). Additionally, the same strategies that may be used to manage the negative effects of trauma exposure may in turn also facilitate the development of PTG.

The significant greater peritraumatic fear in the freelance journalists invites further research on the peritraumatic experiences of freelance journalists, and posttraumatic growth. Understanding the posttrauma experiences of this group will become increasingly important as the media industry sees the need for numbers of this group of journalists to grow because of constricted newsrooms. Finding ways to enhance the experience of growth in this cohort is especially important.

6.6.3   Trauma education

Whereas research on military, and general populations shows that in some cases training of stress and trauma management techniques can lower levels of posttraumatic distress and trauma symptomology (e.g., Cohn & Pakenham, 2008; Resnick, Acierno, Kilpatrick & Holmes, 2005; Van Voorhees et al., 2012), the current study found no differences in PTSD symptom scores between those who had undertaken trauma and stress management training and those who did not. The current outcomes fit with conclusions by Wessely et al. (2008) that established that the type of training needs to be considered within its given context, with a more targeted approach (Wong, Marshall & Miles, 2013).

There remains significant debate around the issue of psychoeducation as it relates to trauma outcomes (e.g., Creamer et al., 2008; Kilpatrick et al., 2008).   Although there were no significant impacts on pathogenic scores in this study, there were quite divergent findings in relation to PTGI scores. Those who experienced trauma education evidenced significantly higher growth total scores, and more specifically, higher scores on the subscales of new possibilities, personal strength and relating to others. This finding mirrors research on trauma and stress training in other high risk occupations that fosters the development of resilience; positive schemas around accommodating the challenges presented by trauma exposure. In this research creating meaning out of the experience; learning techniques to manage personal reactions, and stimulated cognitive flexibility, increased salutary outcomes in the face of trauma exposure (Paton, 1994; Shakespeare-Finch at al. 2014).

Without attributing causality to the training experiences captured in the current research for PTG outcomes, the results are encouraging, and point to opportunities for further research. It would be valuable for further research, to first clarify what journalists are being trained for – PTSD prevention; enhancement of resilience, or potential PTG, which is about processing the negative impacts of trauma in a new and meaningful way. Once these

parameters are defined, then research can occur that includes more rigorous exploration of trauma related training for journalists, and assess its value.

6.6.4 War reporters

Of the four characteristics groups examined in this part of Study 1, the group of war journalists (n =58) versus non war journalists (n = 57) had the largest sample breakdown. Whilst still reasonably small, the sample was larger than some earlier studies on war reporters (e.g., Feinstein, et al., 2002; Greenberg et al., 2007). It was also larger than some sample sizes in more general journalism and trauma studies (e.g., Marais & Stuart, 2005; Teegen & Grotwinkel, 2001). Results showed no significant differences between war and non-war reporters on any of the pathogenic measures. However, compared to non-war reporters, war reporters scored significantly higher on all growth measures, except for appreciation of life. The finding of no negative trauma effect differences is in contrast to the majority of literature on this group in relation to PTSD. Research on war correspondents and trauma exposure has by and large shown significant relationships between war reporting, PTSD and other negative posttrauma effects, compared to non-war reporters (Feinstein & Owen, 2002; Dworznik, 2011; Simpson & Boggs, 1999). Nevertheless, Greenberg et al. (2007) established that the war reporters examined in their study did not have serious impairment after reporting in Iraq. Whilst 16.6% of the war reporters in the current study evidenced PTSD symptomology compared to 8.6% of non-war reporters, this was a large minority of both groups.

There are a number of possible reasons for the non-significant differences on pathogenic outcomes in the present research when comparing war reports to non-war reporters, despite war reporters evidencing significantly higher rates of both severity and range of traumatic exposure compared to their counterparts. First, as previously mentioned, journalists may find the act of writing and reporting stories of traumatic content assists the cognitive processing the traumatic material (Pennebaker & Campbell, 2000), thus helping to

manage deleterious effects. Whilst this will no doubt be applicable to all journalists who write their stories, it may be especially true of war reporters who experience more severe levels of exposure.

Second, war reporters in an Australian context tend to be 'fly in, fly out' reporters, with only a few living and reporting in war zones for long periods. Reporting in this way allows the war reporters to return home to a safe environment for rest and recovery. This allows a reprieve from exposure, and an opportunity gain social support of friends, peers and managers back in the work place. These factors are known predictors of lower levels of trauma effects in journalists and other high risk populations (e.g., Beam & Spratt, 2009; Novak & Davidson, 2013; Skogstad et al., 2013).

Third, there may be a sense of job satisfaction that occurs for war reporters above non-war reporters. A majority of media professionals covering the Iraq war felt that the personal and professional benefits of covering that conflict compensated for any potential risks experienced (Greenberg et al., 2007).

Fourth, it has been reported that the hazards of a war zone are not what cause stressful outcomes for war reporters. Rather, stress outcomes emanate from the organisational factors encountered, coupled with the power to make decisions and rewards from the job (Greenberg et al., 2007). This has also been confirmed in journalist studies on domestic reporters (e.g., Beam & Spratt, 2009; Smith, 2008). On this basis, the high levels of exposure in themselves may not be predictive of negative outcomes. Instead, negative outcomes may stem from the experiences reporters have in regard to organisational, peer or social support and job satisfaction.

In relation to PTG, of all the characteristics examined, the war reporters evidenced growth on the most domains on the PTGI scale. These were PTG total score, relating to others, spiritual change, new possibilities and personal strength. Appreciation of life was the

only domain they did not score significantly differently from non-war reporters. War exposure has been associated with PTG in a number of studies that have established PTG as relating to solidarity with colleagues, acknowledgement of experiences, finding deeper meaning in the world (e.g., Fontana & Rosenheck, 1998; Forstmeier, Kuwert, Spitzer, Freyberger and Maercker, 2009). These may well be underlying factors for the war reporters in the current study, and opens the doors for further research.

Severity of trauma exposure is a further factor predicting PTG (e.g., Armstrong et al., 2014; Morris & Shakespeare-Finch, 2011; Paton, 2005; Shakespeare-Finch et al., 2003; Tedeschi & Calhoun, 1995) and may be an active ingredient in the PTG observed in war reporters. The war journalists in this research reported significantly higher levels for the range of traumatic events experienced, and the severity of exposure than non-war reporters. Further to exposure issues, Paton (2005) raised an interesting hypothesis in regard to emergency services and PTG. He suggested that those who have the capabilities to cope with extreme exposure self-select to be part of the profession, with those who may not have such a disposition choosing not to work in the profession, or in such a high exposure role (Paton, 2005). In the military this is known as the healthy warrior effect (Haley, 1998), and may be true of war reporters also, with those being able to inherently manage significant exposure being the ones that choose to report from warzones.

A number of the factors raised in relation to PTG in freelancers may also be attributable to war reporters. Social-peer support is known to be strong amongst war reporters, whether they are freelance or staff. The camaraderie for some is reported to be about being 'adrenaline junkies' together on an adventure, however this group is said to be small, with the majority bonding over their passionate desire to report on the dispossessed and bereaved victims of conflict (Feinstein, 2003). This motivating sense of responsibility or altruism may further facilitate PTG in journalists. There appears to be minimal quantitative

research on professional, altruistic motivations and their relationship to PTG. However, the examination of why journalists choose to report in war zones, as it relates to PTG is a worthwhile line of enquiry. Qualitative research by Novak and Davidson (2013) points to motivation as an important protective factor that potentially induces growth, however this was not examined in detail in that study.

Whilst this study examined factors within specific characteristics of Australian journalists in regard to pathogenic and salutogenic outcomes, positive and negative trauma effects across the whole group as a homogeneous cohort of media professionals warrants exploration. The third part of Study 1 examined pathogenic and salutogenic outcomes across the whole of the 115 respondents, within a hypothesized model of gender, exposure, symptomology and outcome variables.

6.7   Section 3 - Structural Equation Modelling

The third section of Study 1 addressed two structural equation models including all 115 participants in the study, across variables of trauma exposure, PTS symptomology and posttraumatic growth and gender. *Figure 6-5* demonstrates all factors in both models. The purpose of SEM is to examine factors in relationship to each other, therefore this sections discusses work related trauma exposure, personal trauma history, peritraumatic distress, re-experiencing and gender as they relate to each other, PTS symptomology and PTG.

6.7.1   Work related trauma exposure

The current model gives validity to the notion that work related trauma directly predicts posttraumatic growth in Australian journalists. This is a novel outcome amongst this profession, however the findings are supported by research on other Australian high risk professions such as police and ambulance officers (e.g., Paton, 2005; Shakespeare-Finch et al., 2003). A number of these occupational studies recognised exposure predictors and correlates of PTG such as frequency of exposure Galloway et al. (2011), and intensity of

sensory experiences such as sights, smells and sounds, as well as proximity to death and injury – especially children   Chopko, (2010). Whilst frequency of event exposure was not measured in this study, the participants experienced numerous, broad ranging events that they self-identified as traumatic (see Table 6-2 on page 101). Nearly all of the group (97%) reported on a dead or injured child, with the majority of respondent's signifying this event as their most distressing reporting assignment. In keeping with Chopko's (2010) work regarding intensity of event, nearly all of the media professionals in this study (93%) reported at the scene where they witnessed the event unfolding, or shortly following, the aftermath. A vast majority (79%) regarded the scenes they observed as 'gruesome'.

Significant paths _____
Non-significant paths -------
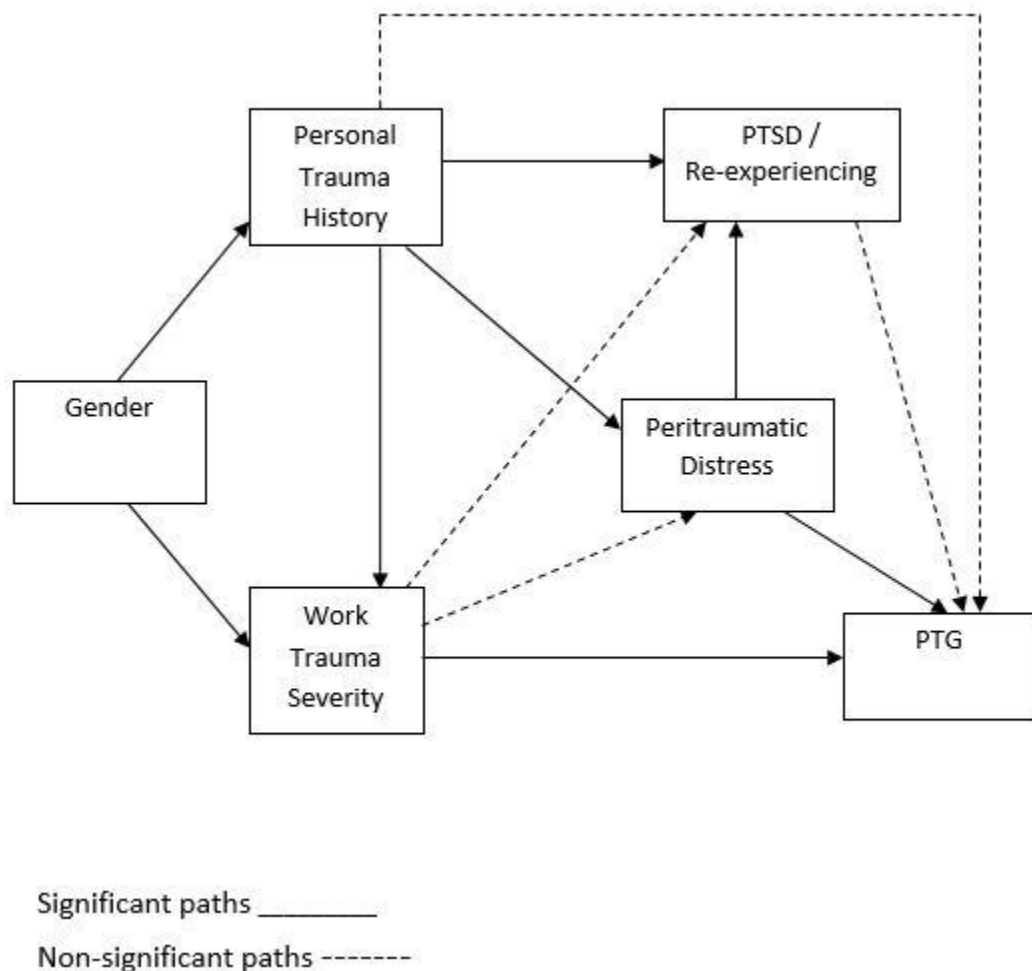
Figure 6-5. Significant and non-significant paths of Models 1 and 2

Despite the severity of the workplace events experienced by the participants, it is of interest that there was no direct, or indirect relationship between work trauma exposure and PTSD in the model, or the symptom cluster, re-experiencing, nor the subjective experience of peritraumatic distress. This finding goes against the vast majority of trauma and journalists' studies that have established relationships between severe workplace trauma exposure and pathogenic trauma effects, including peritraumatic distress (Backholm & Björkqvist, 2010; 2012b; Dworznik, 2011; Feinstein et al., 2002; McMahon, 2001; Pyevich et al., 2003; Smith, 2008). It indicates that when growth is entered into the model, the relationships amongst the pathogenic factors change.

The lack of a relationship between PTG and PTSD symptomology has been found in some studies (e.g., Cordova et al., 2001; Codova et al., 2007; Powell, Rosner, Butollo, Tedeschi & Calhoun, 2003). However, it is not consistent with recent evidence that there is both a linear and curvilinear relationship between the two factors (Shakespeare-Finch & Lurie-Beck, 2014). The findings of the current analysis may relate to the fact that Shakespeare-Finch and Lurie-Beck (2014) examined only studies with direct paths between PTG and PTSD symptomology, and not studies including mediators or other intervening factors. Kunst (2010; 2012) proposed where there is no relationship between PTSD symptoms and PTG (e.g., Cordova et al., 2001; 2007; Powell et al., 2003) there may be an intervening variable that has not been accounted for, such as peritraumatic distress, that impacts on the interaction, as has been found in the current study.

6.7.2 Personal trauma history

Personal trauma history was the most potent variable in the current model, directly predicting three factors, and indirectly predicting a further two (see Figure 6-5). Participants in the study evidenced PTG from both work trauma severity, and personal trauma history. They also evidenced PTG through peritraumatic distress. There was no direct relationship

between PTG and personal history. Research has found that trauma from a number of sources may be more impactful than from a single source, with those experiencing both personal and work related trauma evidencing higher rates of PTG than those only experiencing work related trauma, and no personal history (Armstrong et al., 2014; Shakespeare-Finch et al., 2003). This outcome is also echoed in PTSD studies, where personal trauma history, coupled with work trauma exposure, has been found to positively, significantly predict PTSD, and other negative effects of trauma exposure (e.g., Brewin et al., 2000; Ozer et al., 2003).

Personal trauma history also directly predicted PTSD symptomology in the model as well indirectly through peritraumatic distress. Studies specifically relating to media professionals exposed to personal trauma and work related trauma have found personal trauma history to be a risk factor for PTSD (e.g., Backholm & Björkqvist, 2010; Newman et al., 2003; Teegen & Grotwinkel, 2001). Personal trauma history is particularly powerful depending on developmental stage when historical trauma occurs. This factor, along with life, context all interact with the suddenness, and uncontrollability of the event/s to increase its valence, and places individuals at more or less risk of PTSD (Hodgins et al., 2001; Carlson and Dalenberg, 2000). Additionally, in a professional context, individuals may find it hard to separate work related events and personal events, thus exacerbating the trauma experience. This has been found to apply to clinicians with personal trauma histories (Cunningham, 2001) and may equally be true of media practitioners interviewing and reporting on traumatized subjects.

In later life personal trauma exposure, it is postulated that when beliefs about personal vulnerability, and a sense of safety about the world are challenged by traumatic exposure, this may cause negative cognitive schemas to develop. This, in turn, is predictive of PTSD symptomology in media professionals (Pyevich et al., 2003), and the broader community alike (Janoff-Bulman, 2004). It is precisely this 'shattered assumption' theory of Janoff-

Bulman (2004) that underpins the theory of PTG. So, in making sense of the relationships

among personal trauma history, PTG and PTSD symptomology in the current study, personal

trauma history is thought to have more valence than work trauma as it is more proximal to the

individual (Calhoun & Tedeschi, 2013). Therefore, the disruption of schemas will be greater,

offering the opportunity of reconfiguration need for growth (Armstrong et al., 2014). All

these factors contribute to understanding the potency of personal trauma history in the model.

6.7.3 Peritraumatic distress

The model illustrates that from the pathogenic perspective peritraumatic distress had a

pivotal role in relation to PTSD symptomology, and specifically the symptom cluster, re-

experiencing. Peritraumatic distress was also a mediator of personal trauma history and

negative trauma outcomes. The role of subjective distress was recognized by both Creamer

et al. (2005) and Brewin et al. (2000) as associated with increased prevalence of both PTSD,

and a range of other psychiatric conditions. Brewin et al. (2000) proposed that peritraumatic

distress was an important component in any ensuing cognitive appraisals involved in the

development of PTSD. It was an interest of the current investigation to examine

peritraumatic distress in relation to PTSD as an outcome variable, as proposed by Creamer et

al. (2005). The present research confirmed these findings and is not any less credible despite

the changes in DSM-5. Brewin et al. (2000) proposed that peritraumatic distress may not be

limited to fear, horror, helplessness, a finding that has been confirmed by his team (e.g.,

Brewin et al., 2009). So whilst the participants in the current study endorsed horror,

helplessness and fear, it does not mean they did not also experience a broader range of

subjective distress reactions. Further examination of the peritraumatic experience of media

professionals is warranted, especially considering its prominence in the current model in

relation to both pathogenic and salutogenic outcomes. This aspect is reviewed in the

qualitative analysis Study 2. Nonetheless, there remains evidence that high levels of

subjective distress are associated with pathogenesis in general populations (e.g., Ozer, Best, Lipsey & Weiss, 2003); high risk occupations (e.g., Del Ben, Scotti, Chen & Fortson. 2006), and media professionals (e.g., Hatanaka et al., 2010; Pyevich et al., 2003; Smith, 2008). The current study supports these outcomes.

6.7.4 Re-experiencing

The model does not support the view that re-experiencing is related to, or an important factor in facilitating PTG, as found by some (e.g., Ross et al., 2014; Tsai et al., 2015). Although correlation results showed a relationship between PTG, re-experiencing, and PTSD total, when the variables were entered into the model with the other variables, they were no longer significant. Re-experiencing was examined in the current model to assess whether, out of all the PTSD symptoms, it was the one that acted as a catalyst for PTG. However, the lack of a relationship between PTSD symptoms and PTG does not support this hypothesis. It may be that rumination would be a better variable to include in such a model to capture fully the process that follows peritraumatic distress. Rumination has been proposed as an important factor leading to growth following trauma exposure (e.g., Morris & Shakespeare-Finch, 2010). To examine this amongst journalists may shed light on the steps in between peritraumatic distress and PTG.

6.7.5 Gender

The current study found no significant differences between men and women on PCL-C or PTGI total scores. However, men scored significantly higher on both the trauma exposure measures of personal and work related trauma exposure. Despite the lack of significant difference in total trauma outcome scores, gender remained a significant factor in the current structural equation model. That is, male journalists were more likely to experience PTG through work trauma severity, as well as through personal trauma history and peritrauma. Whilst this outcome appears to challenge journalist specific studies that

consistently report no gender differences on pathogenic outcomes (e.g., Sinyor & Feinstein, 2012), it is important to read the current gender findings within context of the study. That is, male gender correlated with exposure factors (personal trauma history and work trauma severity) and not with PTG or PTS symptomology. Nonetheless, the findings are important in setting ground work for further research, as the majority of literature reports that whilst males evidence higher rates of trauma exposure they remain less likely to report higher rates of PTSD outcomes, or PTG than women (Tolin & Foa, 2006; Vishnevsky et al., 2010).

The examination of the work related and personal trauma exposure, peritraumatic distress, gender, PTS symptomology and PTG in the one model is a new area of exploration in trauma and journalism research. Nonetheless, it is limited in that it relies on statistical analysis and does not include details of lived experience of trauma exposure. Study 2 examines such experiences amongst a different group of 13 Australian journalists.

7. Study 2

A qualitative investigation into posttraumatic experiences among trauma reporting Australian journalists

The fourth aim of the study was to examine the lived experience of media professionals exposed to potentially traumatic events using semi-structured interviews. The interviews of a new group of 13 Australian media professionals were analysed using Interpretative Phenomenological Analysis (IPA). Major themes and their sub-themes from the interview data analysis are discussed in detail in this chapter.

7.1 Aim 4: A review of the functional characteristics of pathogenic and salutogenic experiences of trauma exposed journalists.

The overall aim of the current thesis was to gain a comprehensive understanding of the pathogenic and salutogenic experiences of media professionals exposed to traumatic events. Study 1 of this thesis examined the quantitative experiences of media professionals using psychometric measures to ascertain experience. Study 2 was interested in the lived experience of journalists and so utilised semi-structured interviews to gain a wide-ranging understanding of the experience of occupational trauma exposure. Three research questions guided this aspect of the study to fulfil Aim 4:

(1) What is the experience of trauma reporting journalists?

(2) How do journalists understand the experience of trauma reporting and its effect on them?

(3) What is the process of managing trauma exposure for journalists?

The chapter continues with the rationale for using IPA analysis, participants, interview schedule and procedure, my personal reflection, stages of thematic analysis and results.

7.2   Interpretative Phenomenological Analysis

The word phenomenology comes from the Greek word, phainomenon, which means "that which appears" (The ARTFL Project, 2014). Phenomenology emerges from schools of philosophy that held discourse on topics such as logical investigations, being and time, nothingness, and ideas (Smith, 2013). Studies based on phenomenology are explorations of things as they appear in the person's experience. One line of research methodology to emerge from this school of thought is Interpretative Phenomenological Analysis (IPA). IPA is a qualitative research approach that is utilised in health sciences, and especially clinical psychology to investigate the experience of people (Pearce, Clare & Pistrang, 2002). IPA and mainstream psychology come together in their interest in exploring how people think about what is occurring to them. Where mainstream psychology still predominantly uses quantitative measures to examine how *much* a person thinks about, or experiences, a particular issue, IPA diverges by engaging in in-depth analysis of *how* the participants experience a given issue, and what it is like for them (Smith & Osborn, 2007).

The goal of IPA is to provide a theoretical, qualitative framework for the examination of the person's experience, as well a model for interpretation (Larkin, Watts & Clifton, 2006). On this basis IPA is a dynamic between both the participant and the researcher, with the researcher attempting to comprehend what the participant thinks and feels about their own experience. It is therefore a method whereby the researcher reflects on the experience, and meaning of others reflecting on their own experience and meaning (Smith & Osborn, 2008). Consequently, IPA takes into account both the participant, and the researcher's interpretations of what is being reported (Pietkiewicz & Smith, 2014). The process is not just purely reporting back what the person says however, but the researcher applying skills of intensive and thorough analysis to draw conclusions, or make assumptions about the subject's experience (Larkin et al., 2006). Because of this interplay between the researcher and the subject, it is important that the researcher acknowledges their preconceptions and potential

biases (Alm & Frodi, 2008). Rather than this being regarded as a negative in the process, it is accepted that this is an inevitable and important part of the interpretative process (Willig, 2001).

7.3   Rationale for using IPA

The number of quantitative studies (e.g., Backholm & Björkqvist, 2010; Levaot, Sinyor & Feinstein, 2013; Newman et al., 2003) on journalism and trauma far outweigh the qualitative studies in the field (Keats, 2010; Novak & Davidson, 2013). The current study builds on the method of enquiry established by previous qualitative researchers. However, it extends the field by utilising the IPA method. To date, no known journalism and trauma study has used IPA, whereas others have used narrative analysis (Dworznik, 2006), grounded theory (Novak & Davidson, 2013) and critical ethnographic analysis (Buchanan & Keats, 2011).

IPA was considered the most suitable method of analysis for the current study because of its lack of previous use, and therefore presents a novel perspective amongst research of media professionals. Further, IPA's accepts the articulateness of participants (Brocki & Wearden, 2006) and that this may well impact on their thoughts and understanding of their experience, as well as influence the interpretations made by the researcher (Brocki & Wearden, 2006). As a highly articulate group, journalists are often referred to colloquially as trained observers. Finally, IPA was chosen because it places a strong emphasis on an individual's world by examining their perceptions, insights, experiences and views (Smith, 1996). This was the main purpose of Study 2 of the current research. Researching this group, considering IPA's fundamental elements was regarded as a stimulating, interesting and worthwhile pursuit that would enhance the trauma and journalism field.

7.4   Participants

Study 2 comprised a series of semi structured, face-to-face interviews with cross-media professionals (print, camera, broadcasts, and editors) all of whom had experienced

work related trauma exposure. Twelve were staff reporters currently engaged within Australian newsrooms, and one was a freelance reporter. The sample of 13 journalists comprised nine men and four women, with an age range of 28–59 years. All were self-selected volunteers. All met the criteria of having reported on at least one potentially traumatic event in their careers as defined by DSM IV-TR (APA, 2000), Criteria 1.

Participants consisted of eight broadcasters, three print reporters, and two camera operators. One person had moved into management but still considered himself a journalist, and another person was a freelance journalist.   All other were participants were staff employed by media companies. To maintain confidentiality all participants were given pseudonyms and their details and pseudonyms are as follows – see Table 7-1.

It was originally envisioned that the participants from Study 2 would be drawn from the participants of Study 1; however only two volunteers emerged from Study 1 to participate in the interviews. These two volunteers were asked to 'spread the word' about the need for more volunteer's to be interviewed, and so the remaining numbers were gathered though a snowballing sampling method, by word of mouth. This was not regarded as problematic for the study, as a focus of IPA method is to gather a homogenous sample to examine experience (Smith & Osborn, 2007). The snowball method resulted in a further 14 participants volunteering for the study. However, three were excluded because they had not had a traumatic event according to DSM-IV-TR (APA, 2000), and so 13 were deemed suitable (i.e., all had trauma reporting experience).

A review (Brocki & Wearden, 2006), of studies using IPA found IPA sample sizes ranged from 1-35 cases, with the majority of research falling in the middle range, so a sample size of 13 for the current study was well within this range.

Table 7-1

Demographic information

Pseudonym	Partnership status	Gender	Age	Reporting medium	Ethnicity	Work status	Time since event
Cameron	Single	M	59	Broadcast	Australian (Anglo)	Staff	9 years
Shelley	Partnered	F	33	Print	Australian (Anglo)	Freelance	2 years
Stuart	Partnered	M	51	Cameraman	New Zealand	Staff	10 years
Robert	Partnered	M	46	Broadcast	Australian (Anglo)	Staff	5 years
Darren	Single	M	28	Cameraman	Australian (Anglo & Indigenous)	Staff	8 months
Barry	Partnered	M	52	Print	Australian (Italian)	Staff	3 years
Oscar	Partnered	M	46	Broadcast	Australian (Anglo)	Staff	24 years
Patrick	Partnered	M	52	Broadcast	Australian (Celtic)	Staff	4 years
Miriam	Partnered	F	41	Broadcast	Australian (Anglo-Celtic)	Staff	3 years
Hilary	Single	F	41	Broadcast	Australian (Anglo)	Staff	1 year
Nicholas	Partnered	M	48	Broadcast	Australian (Anglo)	Staff	2 years
Brian	Partnered	M	46	Broadcast	Australian (Anglo)	Staff	3 years
Regina	Single	F	28	Print	Australian (Anglo)	Staff	9 years

7.4.1   Interview schedule

The interviews included demographic information, followed by open ended questions. Interview questions were developed for the study based on a previous study on posttraumatic growth by Jackson (2003), however, these were semi-structural and so the majority of questions followed the responses of the participants. Minimal prompts were offered if the participants didn't cover these issues spontaneously. Some examples of prompts were "was there anything else that has occurred as a result?" "Can you say more about that" "I am curious about …have you got any thoughts around that?"

The interview questions are shown in Table 7-2.

Table 7-2

Interview questions

1. Please describe your experience of the event for me

2. What was the difficult part of the experience for you?

3. How have you managed since the event?

4. Has your view of yourself, others or the world around you changed since this event

> For better?

> For worse?

7.5   Procedure

Prior to final semi-structured interviews, three journalists known to the researcher participated in a pilot of the semi-structured interviews to assess the questions and process. The three pilot participants gave useful feedback on length of time of the interviews (they were regarded as too long), focus of the study questions to sharpen the purpose of the study, and use of language of the researcher was commented on, so as to relate more specifically to journalist's vernacular. The initial questions posed by the researcher were – *Please tell me about what you experienced and what you did to cope?* and *Have you applied any specific strategies in managing the outcomes of your experience?* Once revised the three pilot

participants confirmed that the semi-structured interview process was adequate to achieve its intended purpose.

Once the actual study participants had submitted their contact details and agreement to participate in the interviews, times were arranged, allowing approximately one hour for each interview. Interviews were recorded on a digital recorder and transcribed verbatim. One interview was held in the home of a freelance journalist; one was held in the researcher's place of work and the remainder were held in the participants' workplaces, in private rooms.

Participants were given a briefing at the beginning of the interview saying that discussing potentially traumatic events may evoke some disturbance or distress within the interviewee. The participants were told they could stop the interview at any time, or take a break as needed. The participants were also given phone numbers of counsellors that were known to have worked with journalists in the event that they felt they needed some clinical support after the interview, as well as the phone number for Lifeline. At the end of the interview the interviewer (the current author) checked on levels of comfort and/or distress of the interviewees. Whilst two interviewees cried during the interview, all reported that they felt okay afterwards and had no need at that point for other support. Six of the interview participants reported that the interview had been immensely helpful in itself and had been the first time they had discussed the events. Seven interviews went for approximately an hour and a half and six were close to an hour.

Each interviewee was asked to choose a potentially traumatic event to reflect on to answer during the semi-structured interview. The event was to be one that stood out for them during their career over the last three years. (See Table 7-3 for event summary.) The main issues covered in the interviews were around the posttrauma experiences of the participants in regard to the types of exposure they experienced, potential reactions, managing the experience – whether through internal coping strategies, peer or family support, counselling,

or other techniques. Participants were also asked about any potential positives that had subsequently occurred for them as a result of the traumatic exposure.

Two of the 13 participants cited incidents of random accidents (farm accident, car crash). Six participants cited incidents of mass violence or war (e.g., Chechen rebels, siege in

Table 7-3

Participant's chosen events

Pseudonym	Event
Cameron	Reported in situ on the Hoddle St. massacre as it unfolded. Briefly held at gun point by police as potential suspect, then released.
Shelley	On an island in Thailand when the tsunami hit the island. Shelley's partner swept out to sea, but survived. Shelley reported on the event in situ.
Stuart	Farmer lifting a steel girder using a tractor, with his son and nephew - both holding the girder. Girder hit overhead power line and boys electrocuted and killed. Stuart viewed bodies at the scene. Requested by police to film bodies close up for coroner (closer than usual for News).
Robert	Reported on aftermath of massacre of 200 people in the south western edge of East Timor (Suai). Remaining villagers in substantial trauma.
Darren	Interviewed family at 10th anniversary of murder of their son by girlfriend, who poisoned him with heroin over three days before he subsequently died.
Barry	Car crash of two teenage boys – arrived to interview father (unintentionally) on the day of the funeral, during the wake. Father did the interview in the son's bedroom.
Oscar	Reported from Tehran at the time of the hostage crisis. Witnessed charred and mutilated bodies waved around by excited Ayatollah.
Patrick	Reported during the siege in North Ossetia, Beslan. Witnessed many deceased, murdered children and adults; traumatised families.
Miriam	Reported from Indigenous community and witnessed poverty and neglect of children.
Hilary	Embedded with military platoon in Afghanistan. Listened to the death, in situ on radio whilst in a Humvee, as scout soldier leading the vehicle stood on landmine and died.

Pseudonym	Event
Nicholas	Fiji coup
Brian	Coming across Israeli military airstrike on convoy of Palestinians
Regina	Domestic violence – attempted murder, then suicide by male subject

Tehran). Three participants cited individual violence (e.g., girl murders boyfriend, shooting spree). One cited natural disaster, and one cited potential dangers for children. Of the 13 participants, four were on the scene as the event unfolded (e.g., Afghanistan landmine, Thai tsunami). Four witnessed bodies immediately after the event occurred (e.g., farm accident, Tehran), four interviewed highly distressed people afterwards (e.g., East Timor) and one witnessed personally distressing scenes of child neglect.

7.6   Personal reflection on the experience of journalists and trauma

The following section discusses how I came to study the area of trauma exposed journalists, especially from the perspective of posttraumatic growth, and the ideas that shaped this study. An integral part of qualitative research is the researcher declaring their presumptions, potential biases and values (Stiles, 1993). This section presents my early experience of journalists covering potentially traumatic stories, and the different stages of my development and understanding of this area, and finally to the formulation of this study.

I never set out to work with the media. I was assigned to work in a large daily, metro newspaper as an Employee Assistance Program counsellor about 27 years ago. I worked onsite, and the editorial staff were a challenge. I found them sceptical of counselling and unwelcoming. Nevertheless, as I had access to the editorial floor, my fascination with the machinations of daily news production drew me to the newsroom at the time of day when people were filing their stories. I was surprised to find that I would see, on odd occasions, a journalist distressed while they typed their story. This concerned me. In those days I put it down to general stress.   As I became a more familiar presence in the organisation I began to

find it was not uncommon for a journalist to privately speak to me in the lift or stairwell and suggest that I might like to check in on 'so and so' to see how they were. When I spoke to some of these people I was actually shocked to find that it was not general stress that they were experiencing, but they were deeply affected by some of the stories they were covering. Some of them suffered deeply from nightmares, sleepless nights, guilt, and anxiety. This was a revelation to me. I had never considered that a journalist might be distressed by what they did – I had just never thought about it.

This was also early days of the PTSD diagnosis formulation; generally speaking, there was little understanding about trauma effects as we know them today. There was little common language outside of the clinical arena, or even within it, and most journalists felt that they were mad, weak or a failure for being effected by stories they reported on. The lack of knowledge, the macho culture, and the harsh attitude of the employing organisations also compounded these experiences. As I reflect on the experience now, in hindsight, the culture of journalism served to silence reporters who were traumatised by maintaining the pervasive attitude that if you can't deal with the pressure, get out of the job. This mirrored an overall experience of trauma in society, which often renders people silent (Herman, 1997). It was also a parallel process of what some of their interviewees experienced – fear to speak out about their trauma, and sometimes ridiculed or disbelieved when they did.

My fascination with the media industry was around their ability to meet interesting people and have fascinating experiences, and then return to the office to create a narrative for us, the news consumers. Whilst I have never wanted to be a journalist, I felt an affinity with their role. In many ways it mirrored that of a psychologist – to bear witness to the lives of others, especially in times of misfortune, and in turn help create a cohesive narrative of their experience.

Whilst I was interested in the media professional's experience in times of trauma; their suffering, and assisting them to manage their experiences, I was also somewhat personally 'over' the pervading view in psychology that negative experiences always lead to psychopathology. This also mirrored the journalist experience, as even though they would speak of the pain and suffering they carried from their stories, often they would also speak of the privilege and excitement they would feel in doing their work. It was during this period I became aware of the concept of posttraumatic growth. It became my desire to explore this experience amongst journalists in the hope of establishing a new understanding. My drive to study this area subsequently led to a fulltime job working with journalists in the area of trauma education.

This work led me to mix predominantly with media professionals who were interested in learning about the impact of trauma exposure on themselves; their colleagues and their interview participants. By and large these were the reporters that had a desire to deepen their understanding about themselves, and wanted to explore the ethics of their work, and change their practice. These were the people that I have mixed with for the last 10 years.

Coming in to this study I expected that the journalists I would research would come from this frame of reference – concerned for their fellow human beings, and holding a desire to be more ethical; ultimately driven by altruism. Further, being a non-journalist immersed in the journalist's world, I did not fully understand the notion of journalistic competition. So out of ignorance I assumed all journalists would be driven by a self-less desire to better humanity. I also assumed that they would experience growth from their traumatic exposure, because some I had met earlier spoke of the dual experience of being negatively affected, but also not passing up their experiences 'for the world' and had gained so much.

As journalists are word smiths, and their profession is to tell stories, I also made the assumption that those I researched would be articulate about their experiences, and have some level of insight into their own feelings. This assumption was based on the premise that media professionals need to be cognisant of the emotional state, and experiences of others they report on; world-wise and articulate. I assumed this would translate into an awareness about themselves.

I was also working within an occupational health and safety environment that was demanding clinical assessments of people. I was caught between working from a personal bias that does not subscribe to the notion that posttrauma experience is limited to the diagnostic, and the demands on me to categorise people's experiences according to the DSM-IV-TR (APA, 2000).

I also hold a belief of the importance of journalism in society. I do not see the media profession as the 'vultures' that they are so often portrayed as, but as a necessary part of democracy. I believe the media is more important today than ever before. This is based on my belief that democracy is being eroded by the fears of political conservatism. By that I mean, that conservatism (not party politics) is becoming increasingly driven by fear, and as a result constricts our freedoms and liberty's. A healthy and strong media is needed more than ever to hold those in power to account.

My hope in undertaking this research is to expand the understanding of journalist's experiences posttrauma, and to establish pathways forward, especially in industry, that will help journalists remain healthy. It is my intention that this study contributes to the micro, by helping individual media practitioner's exposed to trauma manage their experience and remain healthy. I also intend that the study contributes to the macro, as I believe it takes

healthy journalists to create healthy journalism, and in turn healthy journalism contributes to a healthier society

7.7   **Thematic analysis**

The thematic analysis of the data occurred according to the IPA framework; however, IPA does not propose any structured format for analysis, but rather a way of approaching the data (Pietkiewicz & Smith, 2014). The first stage of data analysis occurred with pen and paper, with the second stage transferring data into Atlas.ti version *7.0.85*. An example of the second stage is included as Appendix B.

Stage 1: Each interview was read one at a time, with one interview read completely before another interview was begun. This method is proposed by Smith and Dunworth (2003) as an important part of the early IPA process. The first round of reading did not include note taking, but pure reading to take in the whole interview. The second and third round of reading in this stage included taking notes of the researcher's thoughts and reactions. This preliminary stage included slashes to demarcate words or phrases that stood out for the researcher.

Stage 2: The transcripts were read again, and at this point words and phrases were clustered into groups according to similarity. This resulted in four broad areas evolving: motivations, pre-exposure experiences, the experience of trauma reporting in the moment, and the post trauma reporting experience. Following this point, all transcript and themes were entered into Atlas.ti for easy tracking and processing.

Stage 3: At this juncture, each unit or group was reviewed to establish which were common to the individual participants, and where anomalies lay. This assisted the formation of thematic units as described in Stage 2. When there was an anomaly, and a key word, phrase or section did not fit under an already created thematic unit, another was formed.

These thematic units were checked back with the transcripts to ensure consistency. These were known as sub-themes.

Stage 4: Links were made between the units to build themes. When there was overarching themes, these became master themes. The number of themes under a cluster can vary, and may be numerous (Willig, 2001), as was found in the current study.

Stage 5: The analysis was a long and involved process of engagement with the data at various times. There were deliberate periods of taking a break from the data, then returning to it to view it with fresh eyes.

Stage 6: The data was reviewed by a third party at various periods over this process for verification and confirmation of themes for reliability purposes. The third party was a person with no connection to the study, to ensure there was no bias. The third party read 80% of the data across all aspects of the analysis.

7.8   Results

The interview data were divided into four master themes which include a number of subordinate themes. The master themes reflect the complexity of being a trauma reporting media professional and include; *motivations, on the way out, in the field,* and *at home.* The themes sometimes overlap, and are not mutually exclusive. However, they are differentiated according to the context or intent of the participants. Dotted lines are used to shorten very long quotes, or to string quotes together from the same person. A hyphen is used when a participant takes a different path in their reply, but continues on. These are reported verbatim. Each section has a diagrammatic summary and is presented prior to the analysis of each of the four sections. The diagrammatic summary is followed by a table that includes definitions of the master themes, subthemes and example quotes. Each theme is then explored in full.

7.9   Motivators-Personal and professional

Figure 7-1 shows the personal (internal circle) and professional (outer circle) motivators for trauma reporting journalists.
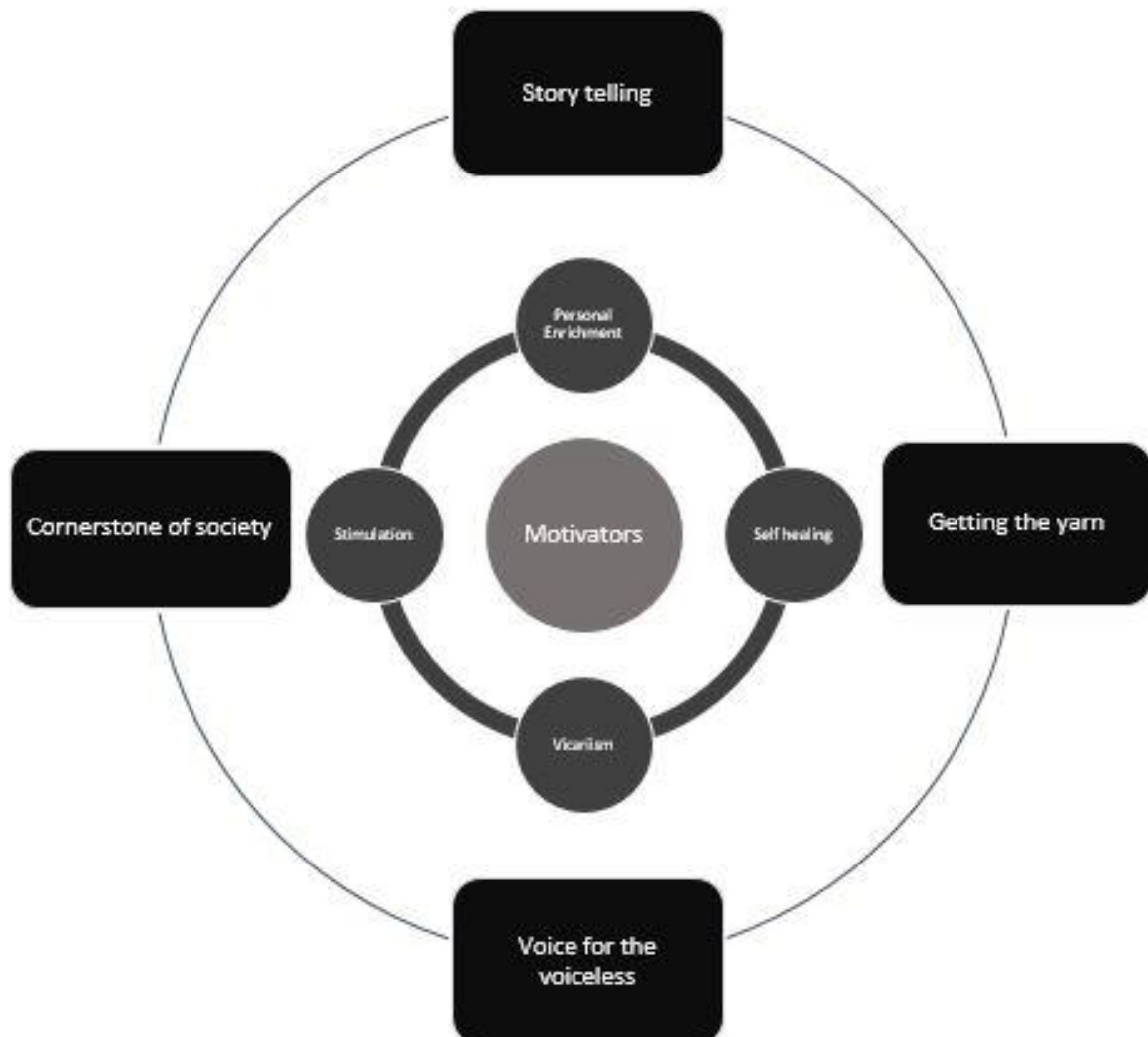
Figure 7-1. Personal and professional motivators for trauma reporting

Personal motivators were found to lie beneath the more external, professional drivers. They are represented as the centre of a circle of linked themes with the professional themes linked in an outer circle. Motivators are the internal drivers that stimulate, energize and motivate the individual to accomplish fulfilment or happiness. It is proposed that there is a constant ebbing and flowing between the personal and professional motivators for journalists, and at times there may be multiple motivators operating simultaneously. The word

Table 7-4

Summary of master and sub-themes, and example quotes: personal and professional

motivators

Master themes	Sub ordinate themes	Example quotes
Personal motivations	*Vicariism* Is defined by living through others. This allowed a deeper, richer life through encountering the lives of others.	"this is also why you do the job, because you do get to see inside other people's lives" "I like vicariously experiencing all the things that have happened to them, and going and seeing things" "We get to meet fascinating people, sometimes historical people, sometimes go to historic events"
	Personal enrichment Includes gaining life experiences that otherwise would not occur outside of being a journalist. This subtheme is focussed on gathering life experiences	"Journalisms a great way of getting all those great, interesting experiences"
	Stimulation Refers to the desire for adventure, arousal and fun	"You're driven by genuine…excitement."
	Self-healing Encompasses journalism as a form of 'self-therapy'. Doing such stories helps the journalist come to terms with their own history.	"I had an alcoholic mother and I think that's why those examples I gave you resonate…"
Professional motivations		
	Story telling Encompasses taking satisfaction in the creative craft of journalism.	"I like telling stories, I love being able to tell stories"
	Getting the yarn Includes the 'thrill of the chase' or the desire to get the story before others. Getting the story becomes the single focus.	"a determination not to be beaten by someone else who's taken that step further"
	Cornerstone of society Involves the role of the media in witnessing, documenting and	"The cornerstone of the democratic system is the media" "a very real sense of danger, but at

Master themes	Sub ordinate themes	Example quotes
	informing society of events that are important.	the same time, wanting to witness the story"
	Voice for the voiceless Includes bearing witness but also being an active conduit for the powerless to be able to have their situation seen and heard, when they otherwise would not. This also includes accepting the privilege and responsibility to report ethically.	"I feel very strongly about the importance of bearing witness and giving people a voice" "The privilege comes from the responsibility that we've got to tell that story well and accurately"

'motivator' was not used by the interviewer, nor were participants directly asked why they did what they did. The motivations emerged from their broad discussion about their experiences of trauma reporting. The full list of themes is presented as Table 7-4.

7.9.1 Personal motivators

Personal motivators relate to the private motivators of the individual. In recounting their experiences of trauma reporting, descriptions of personal motivations emerged that involved intrinsic personal gains that underpinned why the participants did the work they do. Four intrinsic motivators that elicited some personal gain were *vicariism, personal enrichment, stimulation, and self-healing*. These motivators were the foundations for the professional drivers for the participants and are represented in *Figure 7-1*.

Vicariism

The most common motivator to emerge was vicariism. This motivator specifically focussed on experiencing life through others, and therefore experiencing a depth of life that would not otherwise be experienced. One participant, Darren, a 28 year old cameraman, used vicariism to compare himself with others and gain an appreciation of his using this comparison as a benchmark. Darren described his experience quite explicitly:

A story like this is also why you do the job, because you do get to see inside other people's lives and see how much harder they're doing it. Some people are oblivious to what some people are living with every day (Darren)

Another participant was also quite explicit about this motivation, but rather than comparing himself with the people he was interviewing, Barry's vicariism gave him a connection with his interview subjects. This connection is seen when Barry refers to liking the people he reports on:

I like the people that I meet. I like vicariously experiencing all the things that have happened to them and going and seeing things, the sort of stuff that I do. I like to actually be there and watch things happen…We get to meet fascinating people, sometimes historical people, sometimes go to historic events for good or evil and for a little while we live somebody else's life and it's a fascinating way of doing things (Barry)

Personal enrichment

Personal enrichment is distinguished from the theme of vicariism by being event or experience focussed, rather than people focussed. For example, Oscar wished to enhance his life by having as many experiences as possible, with the thought of eventually writing a book. The book he referred to may be a metaphor for filling his life with many rich experiences. It may of course also be literal, considering the professional group of the participants. Regardless, Oscar's early impetus for undertaking trauma reporting was to achieve something more for himself, and use the experiences as a building block to enhance his life. By being willing to experience as many things as possible, Oscar accepted that suffering was part of that overall experience and willingly accepted it as such.

When I was a young man, I actually thought, "I'm never going to be able to write the great novel or whatever, unless I've had a lot of really interesting experiences." And

at some level, I thought, "Journalism's a way of getting those great, interesting

experiences, and you know, suffering is part of that." At some level, I think I thought

that (Oscar)

Stimulation

A fundamental drive to be stimulated and excited is crucial to the notion of

competition (Gratton & Taylor, 2000); competition being a mainstay of journalism (Stovall,

2005). Stimulation is also a fundamental human desire. As seen below, Nicholas's desire for

excitement generated a determination in him, and the willingness to be a risk taker in his

professional role.

That's why people do it…that needs to be kept in perspective, it's exhilarating and

fun. You're driven by the genuine excitement you're feeling when you're onto a big

story, coupled with a determination not to be beaten by someone else who's taken that

step further, who's taken that slightly greater risk (Nicholas)

Self-healing

One participant, Miriam, was quite insightful and articulate about her intrinsic

motivator, which was to find a way to work out her own painful history. Trauma reporting

allowed her to reflect on her own experience and identify why she did the types of stories she

did. Whilst objectivity is regarded as the gold standard of journalism (Novak & Davidson,

2013), the reality is, everybody carries their own internal story. For journalists, disentangling

their own story from the ones they report on is a powerful skill, both personally and

professionally. This quote indicates that Miriam was able to do this in this instance.

I had an alcoholic mother and I think that's why those examples I gave you

resonate…I was probably neglected and knew it. I don't blame her. Well there was no

counselling for women at that time and care except for Valium, but I think the stories

brought up my own - I understand where my emotional triggers are coming from, not

just from the stories but from understanding what it's like to be a child and not to be

nurtured at times (Miriam)

7.9.2 Professional motivators

Professional motivators refer to the internal drivers that manifest in an occupational, or professional situation for an individual. Where a personal motivator focuses on intrinsic, personal incentives for undertaking trauma reporting, a professional motivator is more outward looking. Nevertheless, the two are never completely separate.   Four sub-themes emerged under this master theme: *story-telling, voice for the voiceless, society's cornerstone, and getting the yarn.*

Story-telling

Delight in the craft of telling stories was a professional motivator expressed by Barry. Whilst there was an intrinsic personal gain in this motivator whereby Barry could fulfil his personal love of story-telling, the story-telling underpinned a sense of responsibility that Barry felt towards his subjects, resulting in accountability and duty driven story-telling.

I like telling stories. I love being able to tell stories…this job's a privilege…the

privilege comes from the responsibility that we've got to tell that story well and

accurately. So doing all those things is what drives me (Barry)

Voice for the voiceless

The commitment of being a conduit for the powerless was essentially interwoven with a personal sense of meaning for some, and is expressed eloquently below by one participant. The altruism in this instance served as a type of container for both joy and pain, however these were by-products rather than sort after for their own end. They were also willingly accepted as part of the greater good of fulfilling the role of being a mouthpiece for others.

Being a journalist is very meaningful. I feel very strongly about the importance of

bearing witness and giving people a voice. For all the trauma and challenges along

the way, I would not have missed it for anything. To be a witness to the spectrum of

humanity and the unfolding of history is as full of wonder as it is, full of any trauma

(Hilary)

Society's cornerstone

Respondents described being motivated by a view of being a watch-dog for society, or, as described below, as a corner-stone for democracy. Such a description connotes being a solid foundation of society that is authorised by an external realm. For Cameron at times the strength of his convictions estranged him from others, rather than connecting him. So rather than feeling a sense of duty to individuals, it is more to the principles he holds.

I know that everyone has a place and my job in the community actually is pretty

important, and I actually argue... I have these big arguments with people…we live in

a democracy and the cornerstone of the democratic system is the media. It has

actually got a legal place in society and without it you have got a problem. And you

just do it because you want to do it, and you just want to contribute something to the

world you want to live in, although you don't think about it like that – you don't think

that consciously I want to go out and save the world, but you do these mini

contributions to life and you feel justified in doing it (Cameron)

Getting the yarn

Whilst focussed on getting the story, the descriptive subtheme of getting the yarn was by and large about the professional competition to get the story, rather than the creative task itself. Nicholas was prepared to let go of his personal safety for the thrill of the chase; the competition. This subtheme underlies much of what drives many in journalism. It is not necessarily mutually exclusive of other, more altruistic motivators.

So you put the chase for that yarn at the top of your list, but that's your job and that

means other things slip down your list of priorities and one of the things that slips

down your list of priorities is a degree of empathy and concern for seeing things from other people's perspective ... your priority is to get the yarn... So you're prepared to just do that little bit more, and so you tend to push yourself and you tend to be focused on that, and that means you don't have that defence. Your own personal security is further down the track (Nicholas)

7.9.3 Summary

The interviews revealed that each of the personal motivators discussed paved the way for the participants to tolerate, and even at times, willingly accept experiences that most people do their utmost to avoid, such as suffering, being confronted with evil and danger, and one's own painful, personal history. The interviews highlight that personal gain of some form was important element for journalists to undertake their professional role.

Further, the interviews showed that the impetus for journalists taking up their professional role was a combination of altruism, and personal gain. Again, these were not mutually exclusive. It is evident that the professional role can buffer the ill effects of being confronted with evil, horror or danger and that in practice, there was no separation between the personal and professional motivations. Elements of both motivations were present when journalists worked, indicating that personal investment in the work is an important driver for taking on the professional role.

7.10 On the way out

On the way out refers to the act of going out on assignment, and issues pertaining to preparation. There were three sub-themes that included *anticipation*, *not looked after*, and *self-preparation*. A summary of the sub-themes is provided in Figure 7-2.

Figure 7-2. Experiences prior to going out to a trauma reporting assignment

As depicted in Figure 7-2, the first stage of going out on a story was the knowledge or the information that one was to go out, and included the anxiety around this, especially with those with experience who had been trauma exposed previously. The second aspect was feeling inadequately prepared, with little knowledge or training. The third aspect was self-preparation, whereby participants called upon previous experience to self-prepare. Summary themes are demonstrated in Table 7-5.

Table 7-5

Summary of master and sub-themes, and example quotes: on the way out

Master themes	Sub ordinate themes	Example quotes
On the way out	***Anticipation*** Refers to the concerns arising when a journalist knows they will be confronted with potentially distressing experiences	"The night before I was due to return to Afghanistan, I had a graphic nightmare" "I left the middle east to Michael. I just didn't want to go. I just felt, you know, I couldn't face it"
	Not looked after Refers to the lack of organisational training provided, coupled with a lack of general support	"If you're being sent to the tsunami or something like that…the way a good commissioning editor would look after you would be to say, okay…this is what's happened" "I think the big problem is employers not even considering the possibility that someone might need help"
	Self-preparation	"You're thinking on the way out there that this is what it's

Master themes	Sub ordinate themes	Example quotes
	Includes the type of personal preparation that individuals take for themselves	going to be like…this is what I need to do" "I was proactive in speaking with the counsellor…it meant the decks were clear for the next story"

7.10.1 Anticipation

Anticipation includes the anticipatory stress experienced before going on assignment. For Hilary, this was experienced as extreme fear, and was based on previous traumatic exposure. Having been in war zones before, Hilary had firsthand experience of the dangers she may encounter going back into such a zone, thus the traumatic nightmare. The nightmare highlights a deep sense of powerless and fears.

The night before I was due to return to Afghanistan, I had a graphic nightmare about a group of gunmen, suicide bombers killing civilians. In the dream, I was able to anticipate what was about to happen, but couldn't stop it. It was a horrible feeling...extremely graphic, people being shot in the head, suicide bombs exploding. Later in the dream, I was in a shopping centre, being shown a new neighbourhood and I fell down to my knees and broke down in front of the lady who was showing me around. There was a terrible feeling of being absolutely completely incapacitated (Hilary)

Like Hilary, the anticipation of going to another war zone was very overwhelming for Oscar. Again, it was because of previous, lived experience of what might occur. Oscar's experiences had proven overwhelming, to the point that his emotional management strategy was to avoid the Middle-East completely. This may be both symptomatic avoidance that has long-term consequences for this participant, or it may be adaptive and the most appropriate thing for him to do in relation to looking after his own wellbeing.

I left the Middle-East to 'Michael' and I didn't want to go to—I know it seems odd,

because the Iranians aren't Arabs and they're not Israeli, but I didn't want to go

anywhere near the Middle-East. I just felt, you know, I just couldn't face up to it

(Oscar)

7.10.2 Not looked after

The feeling of not being looked after by the organisation was discussed by a number of participants who highlighted the desire to have training prior to going out on potentially traumatic assignments. Barry suggested that student journalists should also be better prepared at university level and proposes that leaders should take leadership in this regard to forewarn people about potential graphic scenes they may witness, or highly distressed people they may interview. Special consideration should be given to forewarn, or train people to manage child deaths, and potential physical danger, as there emerged as the most potent factors.

If you're being sent to say the tsunami or something like that and there's a bit of time

before you can get a plane, then the way that a good commissioning editor or

assigning editor would look after you would be to say "okay you're going. Now this is

what's happened. This is going to be ugly. These are the sorts of things you're going

to have some problems with"... that's why we should be telling the young journalism

students that these are the sort of things you could confront. It doesn't mean that you

don't do them... but they need to be prepared and people just ought to know what to

expect when they get somewhere (Barry)

Emotional training was highlighted more specifically by Robert. Such training may include emotional regulation skills, grounding techniques to assist with potential dissociation, strategies to assist with staying focussed on the task at hand, and cognitive skills to challenge negative thinking.

I didn't have pre-training to prepare me emotionally for any of my experiences as a

journalist (Robert)

7.10.3 Self-preparation

To either fill the void of the lack of organisational preparation given, some

participants employed their own strategies on the way out to a job. Barry engaged cognitive

rehearsal as his form of preparation, which enabled him to plan how he was going to manage

both personally and professionally, and take up some personal control.

I don't think we're prepared when we go out there…you're thinking on the way out

there that this is what it's going to be like, this is what I need to do, these are the

people I'll see. They're going to be in distress or however they are reacting to it. So

you've got an idea that that's going to be there so you've got that sense of

preparation on the way out there... (Barry)

Hilary engaged in a more emotionally based form of preparation and sought

counselling prior to going on large assignments. Such a strategy may serve to process

residual issues from former assignments, and gain new strategies of self-management for the

next assignment.

I was pro-active about speaking with the counsellor briefly, after each major

assignment. It meant the decks were clear, for the next story (Hilary)

7.10.4 Summary

The interviews revealed that being dispatched on assignment was an important part of

reporting process for journalists. The interviews highlighted the importance of preparation

and training in both practical and emotional strategies such as emotional regulation skills, and

practical journalistic skills in times of disaster. They recommended that such training should

build on the lived experience of more seasoned reporters in regard to effective strategies in

the field. Participants found self-rehearsal and imagining the situation they were going to potentially face as some of the most helpful strategies, however there was also a desire for the organisation to take more of an active role to support the journalists both before and after trauma exposure.

7.11   In the field

In the field refers to participants' experiences on the job, when journalists are on a reporting assignment. The theme comprised four sub-themes encompassing the aspects of functioning: cognitive, existential, physiological and emotional, and one relating to event characteristics. Nonetheless, as stated previously, the themes were not mutually exclusive. The four themes of functioning emerged from the interview data and were not directly targeted during the interview process. However, the fifth theme regarding event characteristics was part of the interview protocol and was asked by the researcher.   A summary is presented in Figure 7-3.
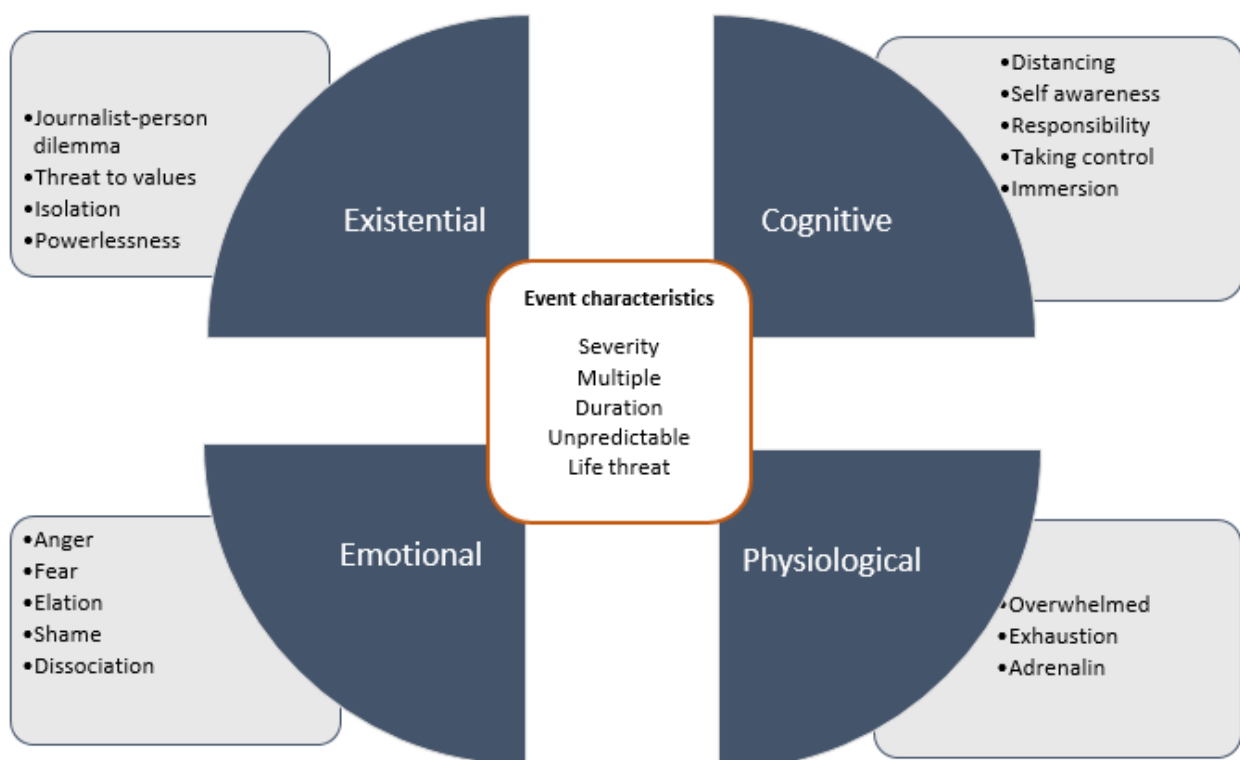

Figure 7-3. Experiences in the field

As shown in Figure 7-3, participants discussed their *emotional* (anger, fear, elation, shame, and dissociation) and *physiological* reactions (exhaustion, adrenalin and overwhelmed) experienced in the moment, or shortly after exposure which is known as the peritraumatic experience. This also described their *cognitive* thoughts and strategies they used to manage these experiences (distancing, self-awareness, responsibility, taking control and immersion), and the interplay that these had on the reporter's *existential* experiences (isolation, powerlessness, threat to values, person-journalist dilemma). The *event characteristics* that contributed to their experiences were also outlined in their interviews. The emotional and physiological sub-themes were found to underpin both the existential and the cognitive sub-themes. That is, they emerged as basic reactions that occur in the moment of peritraumatic exposure and needed to be managed. This management process appeared to be through cognitive means. The combination of each of these three sub-themes fed into the existential sub-theme, as this related to the journalist as an individual and how they experienced themselves personally and professionally.

Of the five sub-themes, the one to emerge most frequently was the *existential* theme, and specifically what is identified as the *journalist-person dilemma*. This theme was broken into four smaller groupings – the *person,* the *journalist*, the *merge* and the *protagonist.* The existential theme also included *isolation, powerlessness and threat to values*. Each of these existential aspects contributed to making the effects of the peritraumatic experience more severe.

The final sub-theme of *in the field* was *event characteristics.* These are the aspects of the event that contributed to all of the peritraumatic experiences and the four sub-themes, and included severity, multiple (stressors and exposure), duration, unpredictable nature of the event, life threat and emotional proximity of the experience. Analysis of *in the field* ensues.

Table 7-6

Summary of master and sub-themes, and example quotes: in the field - existential

Master themes	Sub ordinate themes	Example quotes
In the field - Existential		
	Isolation Refers to being physically isolated from others, and the ensuing emotional experience.	"I sat alone on my stretcher as the post blast interviews continued for hours on the other side of the sandbag wall."
	Powerlessness Includes the experience of being helpless in the face of trauma reporting.	"and the lack of ability to protect, to do anything about it, to change the situation, to make it any better other than report it"
	Threats to personal values Occurs when the journalists personal moral code is compromised or challenged	"I am not going to do anything unethical. I have been a real ethical animal, and I just stand my ground on that"
	Journalists-person dilemma – the person Refers to the reporter responding as a human being and putting the job of journalist second.	"I have run out and helped people. I have been covered in blood…I have been criticised for it" "I've always felt that if it came between covering a story and saving someone's life, then I would do it"
	Journalists-person dilemma – the merge Relates to the journalist's personal identification overriding the professional role in a story	"I could hear the casualty event unfold on the marine two-way radio…I kept thinking of the mother of the marine, and that I knew what had happened before her" "Although, if kids are involved, mainly because I have kids of my own, I get very upset"
	Journalists-person dilemma – the journalist Refers to the reporter putting the journalism or journalist role at the forefront	"as a journalist I'm watching and I feel I can't interfere" "You've got your job to do…which makes it easier. If you've got a job…you concentrate on your job" "I think, to keep a sense of perspective…to say, I'm going to switch on and do this job and then I'm going to switch off"

Master themes	Sub ordinate themes	Example quotes
	Journalist-person dilemma – the protagonist Involves the dilemma of a journalist being personally involved in a disaster/tragedy as it occurs	"I've had this dilemma…one of them was this sort of sense of my responsibility as a newsperson in obviously a big news story"

7.11.1 Existential

The theme *existential* is associated with questions of ethics, meaning, existence, and purpose as it relates to being a human being, and a journalist. Participants discussed, or alluded to the impact of isolation when trauma reporting, as well as powerlessness, and the threat to their personal values.   This was discussed along with the questions occurring when the reporter felt confronted with the dilemma of responding from their personal position or their professional role in the face of trauma.

Isolation

The aloneness experienced in a war zone by Hilary was both physical and emotionally isolating. Hilary was the only reporter present amongst a military platoon. Her isolation was associated with extreme fear, self-doubt, distress, and shame. Whilst the extreme danger of the environment, and the continuous exposure to trauma related stories contributed to her experiences, the sense of isolation exacerbated the myriad of experiences she felt. Hilary is articulate about what she is feeling and experiencing, however, there is a disconnection evident in the underlying assumption that she should not be feeling heightened emotions of fear as a journalist and that her emotions and thoughts are weak. This is despite the reality of intense exposure and isolation. Hilary questioned her ability to do her life's work as a foreign correspondent and thus her own purpose.

I sat alone on my stretcher as the post blast interviews continued for hours on the other side of the sandbag wall. They were extremely graphic descriptions of what happened in the explosion and they were repetitive. Ten to twelve soldiers were

interviewed and tested at length… I was really frightened…for the first time, as a long serving correspondent, I wasn't sure if I could do it. I was just afraid and kept visualising what it would be like, to be involved in an IED explosion. I really doubted myself… I remember sitting on my stretcher in my shorts and t shirt, wriggling my toes. I was very worried about the danger of losing my legs and as a result, losing my mobility and independence in the long term. I felt bad that I was distressed, when I had only heard accounts of the Marine losing his legs, I wasn't there. I felt a bit weak for that (Hilary)

Powerlessness

Patrick provided a compelling example of this theme. He experienced substantial helplessness in his reporting role when witnessing the deaths of children, and civilians during a massacre. Patrick was responding to a global sense of powerlessness in this situation as the reality was that he could not have had any control or real impact in this situation as an individual.

Well, the most disturbing element was the murder of children, the death of the children, you know the innocents and the lack of ability to protect, to do anything about it, to change the situation, to make it any better other than report it. A sense of disempowerment I suppose…there's nothing you can do, and you just watch this horror unfold, and I guess, a sense of impotence that, as much as you want it to stop, there's nothing you can do to make it stop, and there's nothing you can do to protect these people (Patrick)

Threat to values

The threat to professional values experienced by Cameron was managed by his utilisation of an external code of ethics. However, the use of the code of ethics was based on deep, personal principals as observed in his reference to being an *ethical animal*, and his

reference to ethics being something you feel, and not just adhere to. In Cameron's eyes this separated him from other members in the journalistic community that he felt did not abide by such principals.

> *Even now, when they want me to do something that I reckon is unethical, I say,*
> *"You'd better assign that story to someone who is not in the AJA". "Why?" (they ask)*
> *"They're not covered by the Code of Ethics – I am". And I use that as an argument,*
> *and the other argument too, is I am on the National Ethics Panel, so I am not going to*
> *do anything unethical. I have been a real ethical animal, and I just stand my ground*
> *on that... ethics is something that you feel as well – it is common sense... you don't*
> *have to be told that it is wrong to steal a wallet, but you know it is wrong, but we have*
> *got this 20 point code of ethics… there are rules about journalism – there's rules of*
> *writing and all this sort of stuff… especially rules of ethics, so you get those sort of*
> *people – they know what they are doing a lot of them, even though they have had their*
> *training, they ignore it. They want to get their story. They don't care what they do.*
> *They will walk over someone to get it… (Cameron)*

Robert felt a threat to his own values, which resulted in significant guilt that he had not done enough, and that he had somehow breached his own moral compass. In this quote it is evident that Robert felt he should have done much more, and is potentially responsible for the deaths of the people in the massacre by not doing more. The reassurance he gave to the villagers was false sense of comfort, and he felt that he betrayed the people they were reporting on.

> *"And the group all huddled around us – it is something I have never seen. There*
> *were about three to four hundred people who had hushed and listened to their*
> *spokesperson speak to us…that they had been threatened that they would be killed…*
> *they had been terrorised and they had flocked to the church for safety. We broadcast*

what they said and left town…it was a bit too dangerous to be on the road after

dark…I was evacuated but I was fortunate enough from a professional point of view

to be selected to go back. When we got back to the church ground we found the

evidence of a massacre – about 200 people they think had been killed…the priest had

been executed in front of his congregation…that was pretty traumatic…it crystallised

the idea that we had a role – that we were part of the reassuring of those people that

they would be okay. In fact, they knew they weren't going to be. We, the media, had a

role in it…. I guess it came for me to represent the way we let people down (Robert)

Journalist-person dilemma

This section has four segments that highlight the existential conundrum experienced by participants when they are caught between remaining with their professional role in relation to people they are reporting on in moments of tragedy, or whether they make their personal response priority and thus respond as a *person*. This section has four aspects that emerged in the interviews; *the person, the merge, the journalist and the protagonist*. This struggle appeared to occur because of the professional supposition that journalists should be impassionate, objective observers. Whilst this may be fitting when reporting on politics, sport or other forms of journalism, trauma reporting is especially challenging because of the deep personal elements of suffering and tragedy. Sometimes people are confronted with the question as to whether to keep writing, filming, photographing, or put the tools of trade down and physically participate in rescue efforts. This dilemma often leads to a conflict between personal and professional identities; it disrupts or converges the boundaries between the two. The section, *the person*, includes situations where the participant was quite clear that when confronted with the question of how to respond in moments of trauma, that they would respond as a *person*. The *merge* is when a journalist is confronted with a traumatic situation and is unable to separate themselves, and merges with the, the people, or some aspect of the

situation and loses their identity for the time being. The journalist is where the participants responded clearly in their role as a journalist. Finally, the protagonist is the seldom occurring, but not unusual situation where the journalist is involved in a story as a victim/survivor/participant in a story they are reporting on.

The person

The person refers to the clear cut decision that a journalist would take to personally intervene if they were confronted, in a crises with a choice to remain observing in the journalist role, or to assist. Brian felt that he had always responded as *a person* when needed and there was no sense of guilt or regret in his previous actions in this regard.

> *I've always felt that if it came between covering a story and saving someone's life or if I had to do something, then I would do it. I haven't really been in a position where I've felt myself that I hadn't done enough. I would like to think I'd always stick with that first. (Brian)*

Cameron was also clear, and his intensions had been well tested. It seems that his previous role as a paramedic helped him clarify beyond doubt his decision to act in a personal way, rather than standing back as an observer. Despite the Cameron's lack of internal quandary, others in the profession had been attacking. This highlights the journalist-person split within the profession as a whole.

> *I have run out and helped people. I have been covered in blood – because I used to be a paramedic. If I am there quick enough...that kicks in before the journalism and I - I have been criticised for that (Cameron)*

Hilary highlighted the risk she took in responding in the *person* role rather than a *journalist* role in her situation. In the particular story referred to she felt proud about her decision not to follow the unspoken journalists rule to follow a story regardless. The risk was that she may not have got a particular story angle. However, she was prepared to forfeit that

by following a more humane, internal code of conduct. Hilary highlights the potential clash in the person-journalist dilemma.

> *I felt proud that I got through the assignment and I also handled the challenges I*
> *faced, ethically. I backed off when the Marines were distressed. I didn't make the*
> *situation any worse for them than it needed to be. I eventually earned the trust and*
> *conversation of the Marines. I felt good about that. I backed off, which was a risk*
> *journalistically, but it was the right decision in the long term (Hilary)*

The merge

The merge occurs when a journalist is unable to maintain their professional boundary because something in the story connects with their personal life, or they identify with the subject. Two examples of the merge occurred through the participants identifying with the notion of parenthood, and of being a child. In the first example Hilary lost her identity as a reporter when she identified with the mother of the marine. However, she also identified with being the child; in this instance, the marine. As seen in the earlier section of isolation, when Hilary was alone, she ruminated on what it would be like to lose your legs and stand on an IED, as had happened for the marine. Hilary is single, and does not have children, so her experience of merge was not through having her own children, but rather from the experience of being a child, and knowing the vulnerability of being a child. Further evidence of the merge is highlighted by Hilary's feeling of intrusion and a sense that she has witnessed a very private moment between a mother and child that she should not have.

> *My initial reaction, when I could hear the casualty event unfold on the Marine two-*
> *way radio, was that I kept thinking of the mother of the Marine who lost his legs. I*
> *felt bad that I knew what had happened, before her. I kept thinking that she was at*
> *home somewhere in America and had no idea her son had just lost his legs and could*

bleed to death in the next few minutes. I felt as if I had unintentionally intruded

(Hilary)

For Stuart, the merge occurred through his personal experience of having children, and then reporting on stories involving child deaths. The combination of these aspects caused his professional role to dissipate and be overridden by personal association, resulting in outrage and hostility, as seen by his use of his camera as a tool of remonstration.

Although if kids are involved, mainly because I have got kids of my own, I get very upset, like we have done cases - court cases quite often - and also these people that leave their kids in the cars in the sun – in car parks, like they go into the Casino or in to play the pokies and their kid is sitting in a 35 degree car – that really gets like - and their internal organs just break down when it is 50/60 degrees inside a car. Stuff with kids gets me right up, because I have no sympathy whatsoever for people who do that. I have chased... I chased a Chinese woman down the street once outside the Supreme Court and I got right in her face with a camera, and it was my own personal little protest of saying, "You evil fucking woman" (Stuart)

For Miriam, the merge occurred because of her personal experience of being neglected as a child (see Self-healing) and then reporting on stories of child neglect.

But it was something to do with the child abuse stuff. I started to become very emotionally driven and respond to things very emotionally. You know, being a mother and – it wasn't always rational. I was thinking with my heart and not my head…I think I'd reached my limit on that. I thought no, this is actually beyond journalism, this is about the rights for children, and I wasn't able to play that very rational, hard headed role (Miriam)

The journalist

The journalist refers to that aspect of the dilemma where a reporter has acted in an observing role, over and above the *person* role. In this instance Miriam felt that her personal sense of responsibility as a human being was thwarted by her role as a reporter. Remaining as a *journalist* she felt could not physically intervene and as a result Miriam experienced guilt for having breached her moral code as an individual. This contributed to a compounding of the traumatic experience which became a visual imprint into her memory.

> *... as a journalist I'm watching that [potential neglect,] but also as a human being having responsibilities, and why have I downgraded my responsibilities to that child...because I feel I can't interfere. That's one of the things I felt very deeply that perhaps I'd done something wrong...But there's still this deep thing in me that I should have done more, and okay, I do a story and I leave and I come back to Sydney, and what happens to those two kids I saw? And they burn into your memory... as a journalist I'm watching and I feel I can't interfere. I should have gone and got the child (Miriam)*

Whilst Miriam felt compromised by acting in the journalist role, Barry regarded the role as a buffer to trauma exposure. For Barry, focusing on the job is protective mechanism.

> *You've got your job to do...which makes it easier. If you've got a job...you concentrate on your job. I think everybody knows that that's one of the ways of protecting yourself (Barry)*

As a manager/journalist Nicholas reflected on reporters that he now sends out into the field. One of the characteristics he highlights is the ability to focus on the job of journalism, and remain in role, but to also be able to move out of the role when appropriate.

The one's that distinguish themselves, and laugh, and perform at a high level are the ones that have the capacity, I think, to keep a sense of perspective…to say, I'm going to switch on and do this job and then I'm going to switch off (Nicholas)

The protagonist

The protagonist refers to the situation where the journalist is involved personally in a disaster or tragedy. When this occurs it creates a number of dilemmas; to report, to help, to support, or to escape. Shelley was confronted with each of these questions when the Boxing Day tsunami hit the island she was on. As she fled up a hill her partner was swept out to sea but survived. Shelley's way of managing herself in this situation was to see herself as a witness rather than a survivor. This cognitive reframing gave her the emotional distance to operate in her reporting role, which she carried out on the day and the subsequent days. It enabled her to manage all the competing demands on her and give her a single focus. Taking on the role of witness however, did not exonerate Shelley from the significant weight of personal responsibility she felt, as she mentions this word three times in the quote.

…I've had this dilemma…one of them was this sort of sense of my responsibility as a newsperson in obviously a big news story, when I was the correspondent in the region, and therefore the only person within remote location of it. The responsibility to the people that I was with, in terms of providing any sort of help and assistance that I could, in terms of finding people and dealing with injuries, and getting some kind of rescue, and the responsibility to my relationship, with the person I was with who was quite very traumatised because they had actually been in the water, and very freaked out by that…so I never, ever saw myself as a survivor, right through that week that we were talking about, and even since. I still probably won't. I still don't describe myself as a survivor. And the word that I came to was "witness". So I was a witness (Shelley)

7.11.2 Cognitive

This section relates to the thought processes and cognitive responses that participants engaged in to manage trauma exposure *in the field*. The section includes the sub-themes *responsibility, taking control, immersion and distancing. Responsibility* allowed the participants to have an over-arching perspective of the material they were reporting on, and a frame of reference in how to transform tragedy into something palatable for the news consumer. Having a sense of responsibility gave the participants a focus, and thus an element of mastery over the material and the tragedy.

Taking control is a more overt management strategy that includes self-talk, followed by physical actions to limit the dose of visual traumatic exposure. It also includes helping others, which allowed a sense of control in an environment of little control. This process was applied when exposure to particularly gruesome scenes occurred in the field. *Immersion* describes the experience of becoming so involved in the excitement of getting a story that the person is absorbed in the activity to the point where they do not experience any ill effects at the time. The combination of exhaustion, adrenalin, excitement, competition and focus became the driving force of getting the participant through the trauma exposure for a short period of time.

In the cognitive section *distancing* was the most common strategy used by participants. The participants were aware of calling upon this strategy overtly, as well as using other techniques such as cynicism or black humour as ways of employing distancing. The strategy acted as a buffer and was an adaptive way to assist the participant to stay in their professional role.

Table 7-7

Summary of master and sub-themes, and example quotes: in the field - cognitive

Master themes	Sub ordinate themes	Example quotes
In the field - Cognitive		
	Responsibility Relates to the sense of accountability that journalists feel in regard to reporting, which assists them remaining in their professional role. Sense of duty is paramount	"A great privilege I've always had as a young journalist…a responsibility… "my sense of responsibility as a newsperson in obviously a big news story" "the privilege comes from the responsibility that we've got to tell the story well, and accurately"
	Taking control Involves strategies such as self-talk, or limiting the dose of trauma exposure to manage the impact. Managing exposure is paramount	"Absolutely, experience tells you, limit your exposure as much as you can…do what you have to do to do your job but if it's horrifying…move on. Move out" "a little message I send myself now and then, which is 'you just keep going'. And that gets you through"
	Immersion Relates to full engagement in a story to the exclusion of anything but the story, including self-care. The story is paramount	"You're really energised by the story itself. You're working so hard. … you're going on energy and you're going on… excitement just being in the middle of a big breaking story punctuated every now and then with fear of genuine moments, but more characterised by adrenaline and exhaustion too…"
	Distancing Refers to the deliberate technique of separating the self from the potential emotion of the story to continue reporting. Managing emotion is paramount	"to do the job properly there is an element of distancing involved." "I have filmed all sorts of things, like human tragedy, but it is the distance thing – you can detach yourself a little bit" "You're kind of distanced from your own feelings, in a way, which is probably just as well,"

Responsibility

Responsibility refers to the manner in which the participant views their task of reporting, and the perspective they have on the people and the material they gather in the reporting process. In maintaining a perspective of responsibility Barry (as previously mentioned in the *Story-telling* section) felt he needed to shape his stories with accuracy and care. This helped him focus on his skills rather than the content of the story, and gave him an observer perspective. Shelley also displayed a similar sense of responsibility (*protagonist*) when she experienced the tsunami and took up the role of reporter as part of fulfilling her responsibility. She felt burdened by the responsibility, but it gave her a direction and focus in the moment of exposure. Barry's further expression of responsibility highlights this experience whilst typing out his story.

> *A great privilege I've always had as a young journalist – this jobs a privilege…a responsibility…I remember sitting up at two o'clock in the morning and I had the tape running. I was transcribing the tape and writing the story and listening to it again I began to cry. As I said, I remember tear drops on the key board…this jobs a privilege (Barry)*

Taking control

Patrick's cognitive techniques were his conscious thoughts about trauma exposure itself, and limiting the dose of trauma exposure to only what was necessary to do his job. Patrick also applied the technique of dehumanising the dead bodies he was exposed to, which was also a way of distancing himself from the ghastliness of the scene. Further, Patrick applied self-talk as a way of applying adaptive avoidance to limit. Combined with the self-encouragement to continue on regardless of the impact, Patrick also focussed on the purpose of his job role to get to the end of the assignment.

Absolutely experience tells you, limit your exposure as much as you can. There's no point deliberately exposing yourself. Do what you have to do to do your job but if it's a horrifying situation, once that's finished, move on, move out. And I apply that, you know, I've got little things that I learnt early about not looking in people's eyes and not looking at their faces, because it's easier for that not to then be recalled. It's just a form and it's less human that way and you can cope better that way. Little things that, you know, because sometimes you'll find in your work, people will talk about breaking down because they saw a teddy or something, you know, something symbolic, rather than the actual bodies themselves. It can manifest itself in different ways but no, I found that avoidance beyond what you need for your professional work is a good mechanism really. There's no point loading up because you've only got so much room in the silo (Patrick)

Further…

I guess I've always had an overriding, not philosophy, but almost a sort of a little message that I send myself every now and then, which is 'you just keep going'. And it's a thing that gets you through. It's a thing that says, well, no matter how bad it is or how disturbing it is, you've just got to keep going, just for the moment. You've got to get through it, and I suppose that's partly a professional thing because as a journalist in the field in that sort of situation, you just can't, you can't fall to pieces, you can't. You have to keep going, you have to keep firing, you have to be cogent, otherwise you lose your job (Patrick)

Another aspect of taking control for Patrick, was taking up a leadership role to help younger, less experienced reporters in the conflict zone. As discussed, it allowed Patrick to gain some element of control when all around him, in the war zone, there was very little control.

But everyone, all of us were, you know, we were very knocked about by it. But all the

other journalists, you ask anyone that covered that, they'll say, I reckon, I'm pretty

confident they'd say that's the worst thing I've ever covered. If they've covered worst,

then God help the poor bastards! It must have been pretty bad…If you're to look at me

going to pieces and crying or whatever, you may describe extreme distress…I was the

one that hung together and the others around me sort of collapsed that way, and that was

really me playing my role as the senior journalist and the - was the older one, so I had to

look after the younger, less experienced ones…I didn't feel it was an extra burden…in

fact, in some ways, you could say it was a positive thing you can do, to actually help your

colleagues in a situation where you can do nothing else for anybody else. At least you

can help them (Patrick)

Immersion

By immersing themselves completely in the story, the short term exposure effects

were kept at bay for Nicholas. Immersion describes the cognitive experiences of the drive to

remain on top of the story, to focus on the job, maintain purpose, and the decision to work

hard. These decisions resulted in combinations of seemingly opposite reactions such as

exhaustion and adrenalin, excitement, paranoia, and fear. By taking this approach Nicholas

was also aware, however, that the he may be placing himself in danger, as evidenced by him

referring to the relinquishing of his personal safety. So whilst immersion has short term

benefits, it is expected that a period of recovery would be needed following such as strategy

because of the immense amount of emotional and physiological experiences put on hold.

…you feel so exhausted… in a kind of a heightened state of, you know the adrenalin is

going. You're really energised by the story itself. You're working so hard. I was doing

a couple of news stories and a live two way cross every day for 14 days straight and

so you're going on energy and you're going on… excitement just being in the middle

of a big breaking story punctuated every now and then with fear of genuine moments,

but more characterised by adrenalin and exhaustion too…You're constantly paranoid

that some other journalist is getting a story you're missing. You're constantly driven

by the desire to remain on top of it and that pushes your own sense of personal safety

down the list (Nicholas)

Distancing

The most commonly used cognitive strategy used in the field by participants was that

of distancing, and was often described in metaphors (e.g., Barry; *it's an overcoat you put on*

to protect yourself. Stuart; *it's like putting the shutters up*). Oscar's metaphor for distancing

was *two programs running on a computer.* Oscar described the distancing process as a state

of awareness that his human reactions were present, but his ability to manage being impacted

by them by consciously pushing them back. This allowed Oscar to operate from a dual

process whereby his inner emotional experience and his outer professional role were

operating simultaneously. Oscar had the meta-awareness of his emotional experience (*that's*

disgusting), and also the task at hand. The use of the metaphor of the computer programs

emphasize the dual processing.

But there's a kind of a blend of it where you do this kind of distancing thing, or you

don't do this distancing. You do this kind of thing which does distance you, which is

that you are…as big things like this happen… you're also writing the story, and

you're thinking, "I'm going to write this story, and it's going to go like this". So,

you've got this kind of thing— it's like having two programs running on a computer,

or something like that, you know, you've got two—You're kind of distanced from your

own feelings, in a way, which is probably just as well, because—You've also got, I

suppose, a natural human reaction would be to stand up and say, "This is disgusting!

What the hell are you doing?" And also, there's just the basic ideas of

professionalism and so forth. You're just an observer, you don't do that (Oscar)

Nicholas articulated the ramifications that he experienced through using distancing. Whilst helpful, the costs for him was the loss of a relationship with those he was reporting on and loss of connection with himself in terms of monitoring his own reactions and wellbeing – which potentially could jeopardise his physical safety when trauma reporting.

Look I think this is true of so many professions and it's certainly true of journalism

that to do the job properly there is an element of distancing involved. Now that covers

everything. It means you've got to distance yourself from your talent that you're

talking to …in order to do that, that basic relationship between you and the stuff

you're doing is an element of distance, and that goes for personal safety as well

(Nicholas)

7.11.3 Physiological

The physiological theme refers to the physical experiences related to participants functioning at the time of reporting. *Physiological* is closely related to the psychological, or emotional, so as previously stated, these experiences are not mutually exclusive. The physiological states included *adrenalin, exhaustion and overwhelmed*. Summary themes are demonstrated in Table 7-8.

Adrenalin

Adrenalin was the most common physiological experience discussed by the participants. Adrenalin was used in several ways. Sometimes participants would use the word adrenalin to describe a state of numbness. At other times adrenalin referred to a state of excitement, or a state of exhaustion overridden by a drive to get the story. In this example adrenalin is combined with numerous feeling states in one person, which was not sustainable in the long term.

Fiji was two more weeks of adrenalin filled with exhaustion, filled with boredom,

filled with more tension, and it became a point where I was quite happy to go after

two weeks because I was just getting exhausted (Nicholas)

In the following example, adrenalin was seen as a buffer to the negative effects of

exposure. It was a euphemism for distancing, or numbness in this instance.

But you know, I think the adrenalin protects you too at the time. Go home, and

afterwards when you start to think really about it, and how close you were, and you

know - what it was all about (Brian)

Table 7-8

Summary of master and sub-themes, and example quotes: in the field - physiological

Master themes	Sub ordinate themes	Example quotes
In the field - physiological	***Adrenalin*** Refers to the state of excitement or conversely, numbness in the face of trauma	"I was sort of running on adrenalin"
	Exhaustion Relates to the physical and mental depletion of energy	"I ran out of the ability to go one"
	Overwhelmed Involves the lack of capacity to process the amount of information in the moment	"At the time I don't remember having any differentiated feelings. It was just… overwhelming. That's the only way I can describe it" "Initially it's just a crisis. I didn't feel anything during the tsunami…except "Oh my God, Oh my God, Oh my God"

Exhaustion

Exhaustion describes the capacity of a participant to continue functioning because of

the physical and psychological demands of reporting. The peritraumatic experience for

reporters is difficult to define as their exposure may go on for extended period, as was the

case for Oscar. This example from Oscar's interview shows the utter depletion he experienced out in the field.

So, basically, that was the last straw, you know. I'd been there about a month, and at that stage, I just kind of...that was when I really did just completely run out of any ability to go on. I just couldn't. I couldn't go on doing the story after that (Oscar)

Overwhelmed

Shelley's experience as a person involved in a traumatic event, as a witness, and reporting on it, was one of being completely overwhelmed. Shelley's inability at the time to identify any feelings associated with the event, and her exclamations, emphasise this experience. Her experience of being overwhelmed and dissociative was put to the side once she started working in her journalistic role.

"I didn't particularly feel anything during the tsunami that I remember, except "Oh my God, Oh, my God, Oh, my God"...I remember saying that, but I don't remember the feeling attached to it. And afterwards, I don't remember feeling either. I was just sort of like walking around in a daze" (Shelley)

7.11.4 Emotional

The *emotional* theme relates to the various emotional experiences felt during the moment of trauma reporting. The range of emotions discussed were *fear, anger, elation, guilt and dissociation.* At times the interviewees described the experience of numerous emotions at the one time. The cognitive strategies previously mentioned were often employed to manage the peritraumatic emotions.

Table 7-9

Summary of master and sub-themes, and example quotes: in the field - emotional

Master themes	Sub ordinate themes	Example quotes
In the field – Emotional	*Fear*	"You're under pressure from that fear, and it's a very real fear"
		"I was really frightened…for the first time as a long serving correspondent I wasn't sure I could do it"
	Anger	"… seeing a lot of people killed…you know…it angered me, the whole thing angered me"
	Elation	"I've been in a situation of a very disturbing event where there was absolute elation…a complete weird sense of elation"
	Guilt	"you get that occasional guilt trip"
	Dissociation	"At the time I felt like I was watching everything from sort of outside my own body"

Fear

Fear describes the response experienced when under severe psychological or physical threat. For example, Hilary was confronted with a very real personal threat by being in a war zone, which pushed her to the limit of extreme fear. The fear Hilary experienced caused an inability to apply her usual coping strategies, thus leading to a sense of helplessness that was new to her – she no longer had the ability to *control and rationalise* as she had done before. This response in turn caused existential questioning about her professional ability as a reporter, expressed as potentially losing her nerve and not being able to work to a level that she had previously known.

> *All the immediate strategies and strengths I had used to deal with working in combat*
>
> *before didn't work on this assignment. It was more dangerous than previous*
>
> *assignments. It was in a different league…The other feeling was just blinding fear*

about going out on patrol. I was worried I had lost my nerve. I am normally fairly

good at controlling and rationalising my fear, but this was a whole different thing

(Hilary)

Anger

Anger emerged in a number of interviews; anger at the employing organisations lack of care; anger at the source of a story who killed her children, to name a few. However, in this situation anger describes Oscar's reaction to gross human rights violations and death her witnessed at the scene of an atrocity. During the interview Oscar was highly articulate, however when speaking about this experience, and his anger, Oscar found it hard to remain articulate. His speech was punctuated with numerous 'you knows' indicating his difficulty in expression. This highlights that recalling this event and his feelings were triggering, and somewhat distressing for Oscar.

You know, on some level, you know, seeing a lot of people being killed, and you

know… about people being killed…you know…it angered me, the whole thing

angered me, and you know, you get angry when you see car bombs… (Oscar)

Elation

Elation relates to euphoria and excitement. Patrick highlighted his experience of elation as a protective physiological reaction in the moment of trauma exposure, and chemically protective. This may be the case. An alternative, more psychological perspective may be that he was reacting with elation to surviving situations of severe personal threat or horror. Nonetheless, Patrick experienced this reaction as protective, and enabling him to function in situations of significant stress.

Oh yes, yes, look, I think the things that you feel at the time are so overlaid by the

physical in terms of the adrenalin, or the – I think there's also a level of hormonal

reaction. You know, at times you can…not this particular situation… but I've been in

the situation of a very disturbing event where there was absolute elation. A sense of

elation. A completely weird unexplained sense of elation. I put that down to your

body sort of basically protecting you and completely sending the opposite message

that you'd expect (Patrick)

Guilt

At times participants experienced guilt when reporting on tragedy, or shortly after such an assignment when they had time to take stock. This was often related to being focussed on the task and getting the job done, and then realising the human tragedy in the story afterwards. The guilt experienced by Nicholas highlights the transition that participants make from their professional role to their personal role, and the potential cost this takes on them.

You get that occasional guilt trip that you go out there and think you've got a

fantastic yarn and then the next day you think, well actually, someone's life was

destroyed forever that day, and all I was doing was thinking how good the camera

angle was that we got. You have to deal with that too (Nicholas)

Guilt also manifested in another participant who felt she had no right to feel the secondary effects of a traumatic incident because she wasn't a paramedic, or directly involved. This was further exacerbated but the isolation she experienced and lack of support from anyone around and a lack of information about common, early posttrauma responses.

The next day I had a bit of a collapse in the newsroom…My reaction then was totally

unrealistic. That night, and the next day I felt like I was not myself. I had nightmares

for several nights afterwards and I felt there was no-one I could talk to who could

understand what I felt, because, in a way I didn't have any right to feel that way

because a) I wasn't personally involved, and b) I wasn't an emergency services

officer who was directly involved (Regina)

Dissociation

Dissociation relates to the emotional state of detachment or loss of reality that a person can experience when confronted with trauma exposure. As reported in section 3.5.2 of this thesis, peritraumatic dissociation is associated with PTSD (Bryant, 2007). As an example, Regina exposed to the visual horror of a murder scene, and also felt under personal threat by the neighbour which aroused a high level emotional response and peritraumatic dissociation.

> *At the time I felt like I was watching everything sort of from outside my own body. I felt adrenalin. I felt attacked, because the family member screamed across the road at us (Regina)*

7.11.5 Event characteristics

Event characteristics were concerned with the features of the event that contribute to the effects of trauma exposure. Included in this section are the characteristics of; *severity, duration, unpredictability, multiple stressors,* and *life threat*.

Severity

The theme of severity relates to the extreme nature of the event exposure experienced by participants. Severity was not only associated with the visual gruesomeness of scenes, but also the high level of distress exhibited by traumatised subjects. Severity appeared to compound trauma effects, and was one of a number of contributing factors triggering trauma outcomes for participants. Barry's experience of severity related to both of these facets.

> *There's too many bodies and stuff lying around and you can be traumatised by the bodies or the grief or the hysteria or whatever as well. It's the emotional event that can affect you as well, I think (Barry)*

Table 7-10

Summary of master and sub-themes, and example quotes: in the field – event characteristics

Master themes	Sub ordinate themes	Example quotes
Event characteristics		
	Severity Is concerned with the intensity of trauma exposure	"I reckon the intensity of a scene, the clearer the picture, the more it stays there."
	Duration Relates to the ongoing nature of a story	"it wasn't over in minutes or anything, it was hours"
	Unpredictability Involves the potential randomness of events that can occur during reporting	"the thing I feared most in Fiji was not a deliberate attack, it was just that complete random unpredictability"
	Multiple stressors and threats Refers to the amount of traumatic and high stress experiences occurring on one assignment	"you worry about equipment, accommodation, communication, your family back home, what they're feeling"
	Life threat Relates to the direct experience of life threat for the reporter whilst doing their job	"…it's a very real fear…a very well-founded fear of physical harm"

Duration

The theme duration focussed on the ongoing nature of trauma exposure for participants. For some, an event was over in minutes, for others it was hours, or even months (as seen in the case of Oscar previously in the exhaustion theme). When severity and duration are combined, they are especially confronting for participants. Patrick's quote below is an example of this.

There's extremely heavy gunfire, fires, bombs, the whole thing…it wasn't over in minutes or anything, it was hour. That level of intensity was, you know – it takes its toll (Patrick)

Unpredictability

Unpredictability was concerned with the randomness of events in conflict zones and situations of civil unrest. Nicholas specifically highlighted the fear associated with reporting in a conflict situation. He also pointed to the unpredictability of potential violence as a further contributing factor to the intensity of the situation. This lack of predictability raised the issue of chaos, which doesn't allow for contingency planning.

> *Some members of the police went with (politician), some remained loyal and so the tension was a total unpredictability…the thing I feared most in Fiji was not a deliberate targeted attack, it was just that complete random unpredictability of who knows what's going to happen if all hell lets loose (Nicholas)*

Multiple stressors

Multiple stressors relate to the non-traumatic factors that compound the trauma exposure experience for participants. The combination of trauma exposure and organisational and personal stressors was found to be potent mix in exacerbating trauma effects, as discussed by Barry.

> *Of course the other thing that happens when you do these big jobs which goes back to resourcing, is one of the stresses that you take with you to a tsunami or an earthquake or the Thredbo disaster or even massacres and things like that, is your worry about equipment, accommodation, communication, your family back home, what they're feeling... (Barry)*

Life threat

Life threat relates to imagined or actual threat on one's life whilst on assignment. Life threat is one of the determining event factors for PTSD symptomology (DSM-5, APA, 2013). A number of participants experienced life threat, especially those in conflict zones (e.g., Hilary and Patrick), however, Regina also experienced life threat as a domestic reporter

when a neighbour screamed abuse at her and she felt attacked. In the following example Patrick discusses the life threat he experienced as going on for hours.

You're under pressure from that fear, and it's a very real fear, a well-founded fear of physical harm over a period of hours (Patrick)

7.11.6 Summary

The interviews revealed that working in the field as a media professional is a varied experience when confronted with potentially traumatic experiences. The reporters were impacted in four major ways; physically, existentially, emotionally and cognitively, and reactions seem to be exacerbated if the events involved children, or the event closely related the personal background of the journalist. Under extreme threat, the participants often deeply questioned their own capacity to carry out their work. Further, journalists were deeply challenged if the story they were reporting on created an existential conundrum as to whether to respond as a person, or remain an objective observer as a journalist. This was often not an easy decision. One's professional role was challenged when combined with a threat to personal values. Trauma reporting was often compounded by significant exhaustion, lack of predictability of events, and the stressful demands of the reporting role, nonetheless the reporters engaged in numerous strategies to manage their experience. Management strategies such as absorbing themselves fully in the story and their professional role, distancing themselves from the horror of the exposure by using self-talk, or taking control of the situation as far as possible were often successfully employed. Overall, it seems that whilst there were myriad impacts of trauma exposure, that focusing on professional role enabled the reporter to carry out the responsibilities in the moment of trauma exposure, and when professional role was challenged or threatened, there was a propensity for negative effects being exacerbated.

7.12   Returning home

The master theme *returning home* captures the after-effects of trauma reporting, once the story has been completed and the journalists are back at home, in the short, or longer term.   Key sub-themes in this final section are *timing; managing the experience* posttrauma, and *pathogenic* and *salutogenic* outcomes. The sub-themes include numerous aspects that are highlighted in Figure 7-4 and Table 7-11, and include the effects of accumulative exposure, and the pivotal event, or turning point that stimulated a traumatic response, or a change in life or awareness.
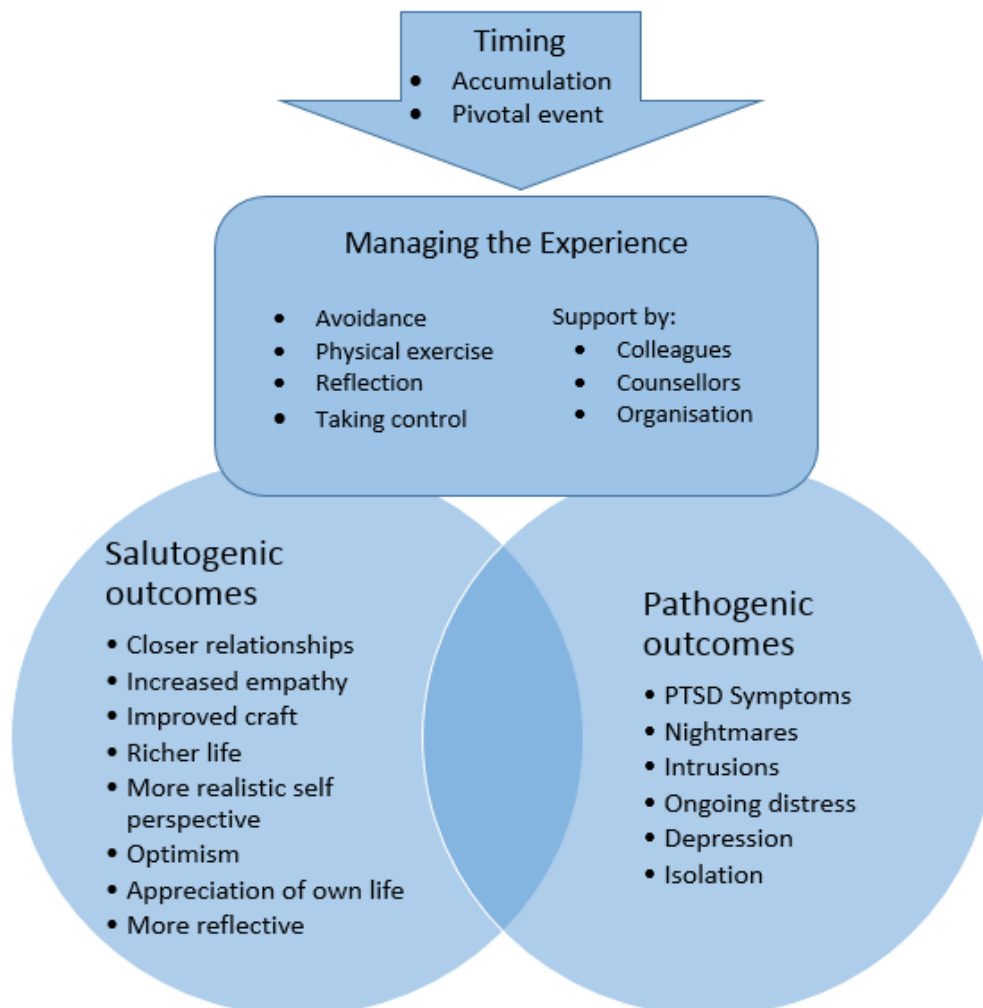

Figure 7-4. Posttraumatic exposure experiences when returning home

Participants drew on strategies to manage the after-effects of which include a combination of both physical and cognitive strategies. These management strategies fed into

the longer term effects that are divided into two categories, pathogenic and salutogenic.

Pathogenic, denotes the negative or deleterious effects of trauma exposure such as nightmares

or intrusive re-experiencing, especially of images of the event. The second category was the

salutogenic, or positive effects exposure, such as closer personal relationships and more

appreciation of one's life posttrauma. Positive and negative effects are not *either-or*, but

operate in parallel, with participants often simultaneously experiencing both effects.

Table 7-11

Summary of master and sub-themes, and example quotes: Returning home - timing

Master theme	Sub-theme	Example quotes
Returning home - Timing		
	Accumulation Is concerned with outcomes of multiple event exposure	"It is like mercury in fish – mercury builds up..."
	Pivotal event Is concerned with a single event that is momentous for the individual	"I remember it as the most traumatic incident I have ever covered"

7.12.1 Timing

Timing refers to whether event exposure is accumulated or single event trauma. The

majority of participants discussed the impact of accumulative exposure. However, some also

spoke of the power of single events, especially when they had been particularly arduous or

distressing. The pivotal events tended to not only be profound, but also stimulate some hope

of change, or actual change.

The accumulation

The accumulation is concerned with the overlay of continuous trauma exposure that

participants experienced. This is the standard fair of the news reporter. Cameron used the

metaphor of mercury in a fish, indicating the slow build up over time of the toxic impact of

exposure. This was exacerbated by his lack of support, and lack of opportunity to process the impacts of his exposure with anyone.

> *It is like mercury in fish – mercury builds up in fish-it never goes away, but it builds up. Every time you deal with the family of someone who has been murdered or killed in a car smash you are dealing with their grief, and a little bit of their grief rubs off on you and never goes away, and you reach a point where you are saturated with everyone's grief, and that is when you start to break down because you have got no one to talk to (Cameron)*

Pivotal Event

Although most of the journalists reported the effects of accumulative exposure a number also mentioned specific events that they identified as *the one* – the turning point, or most memorable event in regard to trauma impact. These events were sometimes pivotal because of their extreme vividness, but also because the sense of threat that participants felt. In the following example, Regina remembers the event because of the abuse of family members present at the site of the event, and the feeling personally attacked, coupled with the exposure to death that she experienced at a murder scene.

> *I remember it as the most traumatic incident I have ever covered. I will never forget the image in my mind, nor will I forget the family member's reaction…the incident will always stay with me (Regina)*

In Robert's interview he was less clear as to why the event he identified was pivotal for him. However, previously Robert spoke of his experience in East Timor (see second quote, threat to values, page 181), and the feeling that he had not done enough for the village he was reporting on, and the subsequent massacre. In that context, this quote alludes to moral injury, rather than psychological injury caused by visual exposure. Nonetheless, it stimulates

Table 7-12

Summary of master and sub-themes, and example quotes: Returning home – managing the experience

Master theme	Sub-theme	Example quotes
Returning home – Managing the experience		
	Avoidance Is concerned with physical, emotional or psychological avoidance of reminders of traumatic events	"I was just allergic to the Middle-East"
	Physical exercise Is concerned with the use of physical exercise to manage stress	"Exercising for me is just like a release"
	Reflecting Is concerned with thinking back over the impact and meaning of an experience	"I still think about my time at … almost every day. Not in an uncontrolled or intrusive way"
		"I spent a lot of time thinking things through and reflecting on things myself"
	Reading Is concerned with using reading to process and understand the impact of the event	"I read books, anything I can find that will help me understand"
	Taking control Is concerned with feeling a sense of individual power over one's life	"if you can do work that you feel proud of, then you're much less likely to feel traumatised."

for Robert the hope and desire of being a better reporter, and a more astute person.

Oh, I think Timor was pretty important... I think it was. I think it has had a particularly profound impact that nothing else seemed to, for whatever reason. It wouldn't stop me taking up another assignment – I would like to take up another assignment. I may well do – I don't know how things will pan out, but I may well do – I think it would affect the way I did it. I hope it would...I hope it would improve me...

give me a - I hope it is an important part of the wisdom that would make me do my job

really well (Robert)

7.12.2 Managing the experience

Managing the experience relates to functions that the participant engages in themselves in terms of taking personal action to alleviate the situation. It includes *avoidance, physical exercise, reflecting, reading and taking control* – all strategies used to manage their ongoing distress.

Avoidance

Avoidance for Oscar was not solely expressed through physical avoidance of refusing to go to a conflict region again. He also expressed avoidance through evading people, or sense of isolation or disconnect from others, and an avoidance of his own real internal state, which he describes as deadness. Underlying the deadness may be a number of emotions such as fear and anxiety that he is avoiding. Oscar also highlights that participants can be quite debilitated but still able to function at a very high level. Whilst Oscar is avoidant, it may be that this coping mechanism, under the circumstances is quite adaptive.

…I was never actually— I was never close to a nervous breakdown or anything like

that. I just had this long period of kind of emotional deadness, and as I say, a degree

of loneliness and all that kind of thing. I was totally what they call high-functioning.

I was very, very high-functioning… I went to Africa a lot, and went into quite

dangerous situations. So, it was very, kind of, my feeling about it was obviously very

localised. I was just allergic to the Middle-East, you know, but it didn't kind of affect

my work functioning. It obviously affected things at home a lot…it feels like a

concertina that's kind of expanded into my life somehow-it's always there (Oscar)

Physical exercise

Physical exercise was referred to by some participants as a way of managing the after-effects of significant stress. Darren had a number of tools that he used to manage, and process the experiences emerging from trauma exposure, and coupled the physiological processing with social support gained from talking with others.

> *I always thought I've been pretty good with dealing with trauma stress. I've sort of got these mechanics I go through when I do have it but it's only over the last year or two I've actually realised that's how it happens…I mean I exercise pretty hard and I notice if I don't exercise enough within the week for my mental state it's just not healthy. I just can't dispose of old energy. Exercising for me is just like a release. I run, I go to the gym and I've always found that healthy, and just talking. I'm a pretty good communicator (Darren)*

Reflecting

Hilary reported that she used reflection, or what is also known as deliberate rumination (Taku et al., 2008) to come to terms with the severe exposure she experienced in a war zone. Hilary's use of the metaphor of the broken tooth suggests that something is broken within her and needs to be adjusted to. However, Hilary's comment that it has become a reference point suggest that this is not just adaptation to what has happened, but that the event is constantly referred back to, to assist her current function; a point she does not want to go beyond again in terms of experiencing fear, or that type of exposure again. A marker.

> *I still think about my time at Sangin Fulod, almost every day. Not in an uncontrolled or intrusive way, but I just think about it. It's like if you chip your tooth, you keep running your tongue over it, to get used to it. I just think about it. It's a reference point. It was the most frightened I've ever been in my life (Hilary)*

Nicholas also used reflection, and highlights that this is a very active process. Nicholas uses the reflecting to re-evaluate his actions and have clarity of what he may or may not do in future situations.

> *I think I'm a thoughtful kind of person and I spent a lot of time thinking things through and reflecting on things myself and re-working those moments and re-thinking those situations and what else would I or should I have done or should I feel bad about that or shouldn't I. So I think I have mental internal processes more than anything else (Nicholas)*

For Shelley, the reflecting occurred with other people who had experienced the same event. Her reflection was about understanding the event rather than her own functioning. This important form of reflection assisted Shelley to create a cohesive narrative about the event so that she could make sense of it for herself, and her place in the event. This may be a precursor to the more personal forms of reflecting discussed by Hilary and Nicholas above. Nevertheless, Shelley's experience of reflecting also mirrors her dual role as a reporter and as a witness of the tsunami. She is gathering information as a journalist would, but for her own purpose.

> *But it was like all of us, we just had this hunger to just talk more and know more and hear more. And it took a really long time, but the sense was to put all the pieces all together, and if you…I mean, this is also partly from my journalism too, had bloody conflicting information. God, it was annoying (Shelly)*

Reading

Cameron's use of reading to help make sense of the experience enabled him to compare and contextualise his experience against the experience of others. Yet, it was a one way process of reflection, that is, he could not discuss his thoughts or conclusion with the book. Whilst he may carry forward what he reads and his own thoughts to others for

discussion, it is evident that it remains a limited form of reflection for him. This is highlighted when Cameron states that reading doesn't help with the more complex forms of death that are not so clear cut – misadventure.

> *I read books, anything I can find that will help me understand…this is easy to do when it comes to events such as murder because there's almost always some reason why the perpetrator committed the crime…and trying to understand that becomes something of a priority. Death by misadventure is another matter, and much more difficult to understand (Cameron)*

Taking control

Taking control refers maintain a focus on work, and work tasks to manage the effects of trauma exposure. Oscar summed up the elements of taking control of his professional role that acted as a buffer for his posttrauma experience. The personally active elements in this experience were his ability to take control of his work, to work within his competency, and challenge himself. From these elements, pride emerged which contributed further to being protected from the effects of trauma exposure.

> *If you have control, if you feel that your work is being respected, if you feel that you are working within the limits of your competency, you know, that doesn't preclude challenging yourself, but in fact, you should challenge yourself, to really enjoy it. But you know, if you can meet your deadlines, if you can do work that you feel proud of, then you're much less likely to feel traumatised (Oscar)*

Table 7-13

Summary of master and sub-themes, and example quotes: Returning home – managing the experience; support by others

Master theme	Sub-theme	Example quotes
Returning home – Managing the experience; Support by others		
	Colleagues Is concerned with an individual's work mate and peers	"If you've been there you can understand what other people have been through"
	Counsellors Is related to professional counselling support	"I was pro-active about speaking with the counsellor briefly, after each major assignment"
	The Organisation Concerns management and workplace support	"There were at least efforts to make sure that you were contacted, people spoke to you and that's good"

7.12.3 Managing the experience - Support by others

Managing the experience by using the social support of others was discussed by a number of participants. Some depended on peer support, some on the organization and others utilized professional counsellors.

Colleagues

In this instance Cameron's discussion with a colleague was central to him reflecting further on his own state, and his potential symptomatic state. Whilst Cameron didn't seek the colleagues support, it was through this social interaction that stimulated his reflection and deeper thought about his own functioning, he was however receptive to it and able to integrate it into his self-reflection.

...one of my biggest ever learning curves, but that... when you describe something that

horrific, with such detail; minute detail 20 years later, this chap looked at me and

said, "Cameron, have you ever had counselling" ... just out of the blue he said, and I

said, "No, why? No, we just drink beer and get on with it". "Oh, you are showing all the symptoms of..." - what he called it prolonged untreated posttraumatic stress disorder because of the way I was talking about it, and that is what really triggered me to think more and more about it – this is a long time ago (Cameron)

The sense of a shared understanding with a peer, of having experienced duty related trauma exposure, was reported by Brian. The importance of camaraderie of those who have *been* there is important to Brian as he feels that others can't really understand what it was like. This is an interesting notion, as even if people have been to the same place of a disaster or crisis their experience is still different. However, it seems that the knowledge that a peer has been exposed to the same sort of intensity and images is potentially the link, rather than the event. Further, there is evidence of Brian needing to make a comprehensive narrative about his experience, in a similar way to that expressed by Shelley previously. Brian identified the usefulness of colleagues filling in blanks of information that he had forgotten as though he needed more information to comprehend his experience.

… it's important to share those experiences. It's often something that other people as well who haven't been there just don't understand…If you've been there you can understand what other people have been through far better than when you haven't been there, and also there's stuff that you forget too, that other people go "Oh yeah, remember that?" I think it's all pretty useful (Brian)

Oscar concurred with the importance of camaraderie, but extended the notion by referring to the importance of peers working together on the job, in the moment. He also articulated that it is not just the social support, but the opportunity to think about the events with another person, and create a narrative for the consumer in writing the story. This creative act of storytelling is as important for himself as it is for his job. To be able to give voice to the story gives him power.

Oh, I do think that the difficult assignments that I've got through the best are the ones where I've had good relationships with the people that I'm working with. I do think that it's easier...I actually think it's much, much easier to cope with these things if you've got some way of writing about it. I just think the writing about them or the cutting the film, shooting the film; if you actually shoot and cut the film and can talk to the journalist about the way it's going. Because a lot of the camera operators do the editing as well now...so I think that both of you being completely part of the experience is...it's empowering (Oscar)

Counsellors

Counsellors provided assistance by offering a confidential, supportive place for journalists to discuss the professional situations they confronted. As identified by Hilary, being proactive about reaching out for counselling gave her a sense of agency in a situation that she could not otherwise control. Her analogy of the counselling to process and filing stories gave her a context to understand it herself, and encourage others to follow suit.

The key was getting psychological counselling for that period...before that I saw everything in a bleak way, but I knew it wasn't right deep down, but I couldn't get myself out of it, and that's when I thought – no, this is not you...I actually went and saw a counsellor and it's been fantastic (Miriam)

The organisation

The experience of support from the employing organisation was mixed. Cameron discussed the impact of the lack of support, whereas Brian found the organisation a source of support. In reflecting on the lack of support experienced by Cameron, his comparison with other, similar professions such as first responders, caused Cameron to feel his isolation more keenly, as is highlighted by being his statement of *being outside the loop*. He identifies lack of support as a significant contributing factor to the negative effects of traumatic exposure.

You actually talk about the organisation and the lack of support you get in the organisation. It often exacerbates the stress too…I think the big problem is employers not even considering the possibility that someone may need help, support, counselling after a traumatic event. We often report in the news that fire-fighters, police, ambulance officers etc. were given psychological counselling after some major event…. we report it but we feel outside the loop when it comes to us being in need… (Cameron)

Conversely, Brian had a positive experience of support from his organisation. It

Table 7-14

Summary of master and sub-themes, and example quotes: Returning home – negative effects

Master theme	Sub-theme	Example quotes
Returning home – Negative effects		
	Potential PTSD Relates to the possibility of a PTSD diagnosis	"I had some of the sort of PTSD stuff that you read about"
	Nightmares Is concerned with re-experiencing traumatic events through nightmares	"I had a graphic nightmare about a group of gunmen, suicide bombers killing civilians."
	Intrusions Involves trauma related thoughts, feelings and cognitions intruding unintentionally	"I kept picturing the husband walking next door to get his gun"
	Ongoing distress Is concerned with continued emotionality long after the event	"about a year later I began to cry whenever I thought of it"
	Depression Is concerned with feelings of unhappiness and despair	"I could feel myself going into I'd say a mild depressive state"
	Isolation r Relates to intentional withdrawing of self or a feeling of being unlike others	"Then you felt like the ancient mariner"

seems from this quote that even simple outreach from the organisation was enough of an acknowledgment that he had been in a potentially traumatic situation, and that was supportive in itself.

> *Well I just think they were more aware of posttraumatic stress [the organisation].*
> *They were more aware that the reporting had become more dangerous. That the*
> *expectations as well become pretty huge. There were at least efforts to make sure that*
> *you were contacted, people spoke to you and that's good (Brian)*

7.12.4 Negative effects

Potential PTSD

The interviews revealed that some participants referred to having PTSD or PTSD type symptoms such as nightmares, intrusive images and ongoing distress as defined by DSM-5 (APA, 2013). Others also referred to depression and isolation as an ongoing outcome following trauma exposure. Some participants had a number of responses occurring at the one time.

Oscar highlighted that he continued to function whilst still being emotionally vulnerable. It would seem that his focus on his reporting role sustained him during this period. Also, the fact that journalism is a fairly isolating occupation, especially for correspondents overseas means that people are not being checked or observed in their workplace as other professions, so it is easier to be the *walking wounded* when a journalist. In a similar manner to Brian (when speaking about colleagues in the previous section), Oscar was isolated in his experience and only felt understood when talking with people who had experienced similar experiences.

> *Well, I went on. I coped. But I found it very—you know…I had some of the sort of*
> *PTSD stuff that you read about. In particular, I had a sense of inability to*
> *communicate with people who hadn't been through the same thing. I had a really— I*

mean, I had a really big, you know... when I met anyone...I met a couple of BBC guys

that I'd met in Tehran: "Ah! How are you! Fantastic to see you!" Because you

wanted to talk to somebody who'd seen the same things you'd seen. But, by the same

token, you couldn't talk to anyone who hadn't been there. (Oscar)

Nightmares

Whilst Hilary didn't identify ongoing nightmares, this anticipatory nightmare

occurred when she was about to return to the place where she experienced prior trauma

exposure (the Marine standing on an IED). It was graphic, intrusive and disturbing for her as

it portrays her significant sense of helplessness, distress and fear to return to such an

environment. Whilst this is an anticipatory nightmare, it is based on Hilary's previous

experience of war zones and graphic exposure as a long-term correspondent.

The night before I was due to return to Afghanistan, I had a graphic nightmare about

a group of gunmen, suicide bombers killing civilians. In the dream, I was able to

anticipate what was about to happen, but couldn't stop it. It was a horrible

feeling...extremely graphic, people being shot in the head, suicide bombs exploding.

Later in the dream, I was in a shopping centre, being shown a new neighbourhood

and I fell down to my knees and broke down in front of the lady who was showing me

around. There was a terrible feeling of being absolutely completely incapacitated

(Hilary)

Intrusions

Intrusive images and cognitions are one of the symptoms of PTSD as defined by

DSM-5 (APA, 2013). They include involuntary thoughts and images of a traumatic or

disturbing kind following trauma exposure. Regina's experience was of both waking

intrusive images and repetitive nightmares of the story that she reported on. These

experiences were short lived; however, they were accompanied by guilt and dissociation -

being an *observer,* and a sense of isolation through not feeling that she could discuss her experience with anyone.

> *I kept picturing the husband walking next door to get his gun. I kept having nightmares about it…That night, and the next day, I felt like I was not myself. I had nightmares for several nights afterwards and I felt there was no one I could talk to who could understand what I felt, because in a way I didn't have a right to feel that way because a: I wasn't personally involved and b: I wasn't an emergency services officer who was directly involved (Regina)*

Stuart alluded to images remaining with him and being intrusive, as described by his inability to keep stuff out. This is still vivid and emotional for Stuart, as seen by his inability to be articulate when discussing the event.

> *Yeah, it doesn't mean I can shut stuff out…like the Scoresby thing we have been thinking about… it was so vivid... so trau... such a horrible scene, I reckon the intensity of a scene, the clearer the picture, the more it stays there (Stuart)*

Ongoing distress

Ongoing distress was evident in most interviews. Robert's ongoing distress about reporting on the massacre confused him. He didn't relate his distress to the atrocities that he had been exposed to. It was difficult for him to comprehend his distress, so it became frightening to him.

> *…I mean, it upset me at the time, but it most particularly upset me... it didn't show physically in me, I don't think for 12 months, but about a year later I began to cry whenever I thought of it. It was odd, and I still do very often. I am a bit mystified about it, because I don't understand what it says about me…it is not something I have gone through before – so I am mystified by it. I am not quite as... I was a bit frightened by it when it first came back at me – I couldn't explain it, and I couldn't*

understand how I couldn't... how I got to the stage where I couldn't think through those events in my mind and not cry, which is where I was. There was a time when I had only got to have this conversation now without crying – they have probably marginally lessened, but it is probably still a pretty powerful thing. I'm more given to tears now, and expressing... well, I have not made a conscious decision to express my emotions – my emotions express themselves more readily... (Robert)

Cameron's experience was of ongoing distress combined with fear and vulnerability. The event that was significant for him was also a marker – the event that signified he had reached the end of his ability to cope. This lack of ability to cope is highlighted by his fear of going to work.

I think it was in many ways the straw that broke the camel's back and I now feel extremely vulnerable and more easily upset and distressed whenever I'm assigned to similarly tragic stories. This can often be several times in one week and I'm noticing subtle changes in my feelings when I get out of bed in the mornings. Sometimes I even have a fear of going to work at all (Cameron)

Depression

Symptoms of depression were common in a number of the journalists, with some journalists being quite aware of the symptoms, and others discussing depression like reactions without being aware of what they were. Miriam was clear about her experience of depression, and was disturbed not only by the depression itself but its lack of predictability or control.

I think it was like I was experiencing – I never actually experienced depression before. I've had melancholy periods but I've never actually been – I'm always a glass half full person, but I felt myself, I could feel myself going into I'd say a mild

depressive state. I just thought where's the next attack coming from? And it wasn't

always logical or rational (Miriam)

Patrick was able to pinpoint specifically his depressive state, or lack of interest in daily, or fun activities to the atrocity he covered. Although he also postulates about the accumulative effect of reporting.

Loss of interest in daily activities used to be in a band, I mean I still am, I am in a

band now and I sort of got through that but I was only there out of a sense of

obligation, didn't enjoy it, didn't want to be there. So a lot of normal happy events

that were positive in my life became negatives. Just didn't want involvement and I

think, you know, I think that's traceable to that event or an accumulation of those

events and it takes a while to work those out and it takes a while to recognise the

connections and the tracks (Patrick)

Isolation

Isolation links to the previously mentioned need to talk with colleagues who had been in similar situations. However, Oscar's experience was the outcome of not being able to have that sense of connection. Whether the experience of people not being interested is only perceived or a reality, still leaves Oscar in a very isolated place.

But the thing was, people would say, "Where have you been, and what have you been

doing?" and you'd say "Well, I've been in Tehran." "Ah, yes," and just kind of pass on,

not really – not getting – nobody – then you felt like the ancient mariner actually, that if

you did start talking to people, you could see people would start to glaze over and not

want to know. So, that sense of disconnect from people (Oscar)

7.12.5 Salutogenic outcomes

Table 7-15

Summary of master and sub-themes, and example quotes: Returning home – positive effects

Master theme	Sub-theme	Example quotes
Returning home – Salutogenic outcomes		
	Closer relationships Relates to feeling more intimate with others	"we've become more intimate and happier than we've ever been"
	Enhanced journalist role Relates to feeling more accomplished in one's professional role	"I know… how much it can make my stories better"
	Cohesive trauma narrative Relates to an integration of the impact of the traumatic event into how an individual now views themselves	"I could not imagine myself without the richness of what I have seen"
	Personal strength Relates to an enhanced feeling of one's own power	"I went…very emotional and came out much stronger"
	More realistic self-perspective Relates to a more accurate sense of self	"It reset my desire to push to the front line and keep undertaking more and more dangerous assignments"
	Optimism/Appreciation of life Relates to a feeling of gratitude for life	"so in one way you can appreciate your life more… it allows me to be a bit more optimistic"
	More reflective Relates to being more thoughtful about life and personal experiences	"I do think it has made me more, I think reflective was the word I used before"
	Increased empathy Relates to more compassion	"I feel myself empathising with those sort of situations far more"

A number of journalists discussed salutogenic (positive) outcomes following trauma exposure that included changes in themselves for the better such as enhanced relationships, improved professional abilities, and improved perspectives on life.

Closer relationships

A number of the journalists spoke about closer relationships with others such as peers and family. Miriam discussed greater intimacy with her husband that came about because of the amount of support her gave her during the traumatic reporting period. She also discussed other positive outcomes such as personal growth which included learning about her own shortcomings.

I've grown as a person and there was some lessons I needed to learn about my fallibility. ...It's improved my marriage. I had a very hard time, but my husband proved to be an amazing rock...you know...we've become more intimate and happier than we've ever been (Miriam)

Enhanced journalist role

Enhanced journalist role refers to the journalist's sense of being a better reporter post trauma such as more skilful, more aware of the experiences of those they are reporting on and more in depth stories. Miriam especially spoke about this experience as she reflected that the event had enhanced her professional capability by being more considered about her own boundary between herself and the story subject, and more thoughtful of consequences of her reporting style on herself and others.

I'm much less naïve about doing stories that are controversial or going to rock the establishment. I went in with guns blazing. I was going to expose all this, which I did, but with very little regard for the consequences...I've learnt that, don't just ride in on your horse and expect everyone's going to agree with you. I think I'm much more mature in my reasoning of things. Much less black and white when I look at an

issue…I know now, I think, I hope, where the emotion should stop and rational, hard

hitting story teller takes over, and how much it can make my stories better (Miriam)

Cohesive trauma narrative

Cohesive trauma narrative relates to the self-narrative, or self-story the person holds

of themselves. A self-narrative is an amalgamated cognitive-affective-behavioural process of

bringing together daily life self-narratives, such as feeling satisfied with the product of a story

that was submitted before deadline, and overarching, larger narratives, such as; *therefore I am*

a competent and skilful journalist. Such narratives consolidate how we understand ourselves,

and contribute to the formulation of our various emotions and goals, and are foundational to

how we present in the social world (Neimeyer, 2004). Hilary articulated that the 'micro'

experiences that she had in her role as a trauma reporter were completely integral to her

overarching view of who she is now. The good and the bad are entwined and have given

substance to her life that she would not have otherwise achieved. The parallel of the positive

and the negative experiences are deeply embedded with who she is to the point she has been

transformed by these experiences.

I would do it all again, the good and the bad. I could not imagine myself without the

richness of what I have seen. It has run wires through my thinking and my body. I

could not isolate or unpick it, even if I tried. It is part of me now (Hilary)

Personal strength

Personal strength was referred to by a number of journalists; however, Miriam was

the person to articulate the experience specifically. In this instance her experience of being

stronger was being more contained and less emotional and discovering new found boundaries

about herself. She reported that she now experienced herself as stronger than she was

previously, and identified the particular reporting assignment as the turning point for that

change.

Yeah, and I think maybe it was like the worst of humanity [I saw] in too short a period of time…that was a catalyst for me to come back to earth. That was really important, because I went…very emotional and came out much stronger…in a way it was good because I discovered my limits (Miriam)

More realistic self-perspective

More realistic self-perspective includes the changed view of self that includes an understanding of one's limits, professional desire and capabilities. In this example, Hilary gained both a significant understanding of herself, her capacity and inner boundaries, however she also gained a broader existential understanding about violence, and the relationship that humans can have to violence and its impact. That is, that violence can be all encompassing and distorting to the point that it challenges reality. Hilary also now places herself in a category of media professionals that have crossed a particular line, ones that have faced death and danger in the face, tested their mettle, and survived.

It reset my desire to push to the front line and keep undertaking more and more dangerous assignments. I felt like I didn't need to do that anymore, I didn't have anything to prove. I'd been to the most difficult and dangerous district in Afghanistan and I got through it. I didn't want to go to that extreme again. It set a limit for me. I'd done it, I'd got through it and I didn't want to go through it again. I don't want to push myself to that limit of fear again. That is positive and I have been waiting for that to happen. I have heard other journalists talking about not wanting to do the high risk assignments anymore. That statement is not something you can fake. You can't say it; you have to actually feel it, to have reached that point. It's only now, that I've left Afghanistan that I have some perspective on how dangerous and challenging it was to report there. When you are inside the violence, you can't see what normal looks like. Violence looks normal (Hilary)

Optimism and Appreciation of own life

Optimism and appreciation of life is concerned with the new positive view that the person holds of themselves because of the confrontation with trauma exposure. The constructive outcome expressed by Darren is of an enhanced sense of sanguinity following trauma reporting. The way that Darren has achieved this is through comparing himself with others less fortunate that he encounters in the stories he reports on.

> *Doing these jobs helps you…so in one way you can appreciate your life more but yeah, you can't help thinking of what they're going through - so it allows me to be a bit more optimistic (Darren)*

More reflective

More reflective is concerned with an enhanced ability to review one's life and be more thoughtful about one's actions and behaviour. Sometimes this includes deeper spirituality, however whilst Brian discussed being more reflective he was ambivalent about the notion of spirituality in this quote, and attempts to clarify his new found change that has resulted in him being more thoughtful about himself and the world around him.

> *I do think it has made me more, I think reflective was the word I used before, which is probably, it's not necessarily spiritual, I mean it doesn't mean God or anything, but it does make you think more carefully. And spiritual from this context can be as broad or as, you know, narrow as you like it. So yeah, so in thinking more; being more reflective about life. Yeah, and the human experience and all that sort of stuff. I think a lot of people probably do go through life not really being confronted by it, not really thinking about it or having to live with it. I think it certainly does make me think much more so than I otherwise would have (Brian)*

7.12.6 Summary

Interviews revealed that following trauma reporting, journalists identified that both single event stories, and an accumulation of exposure had significant impact on them. The single events were memorable because of the high intensity of visual or emotional content of the story. Alternatively, the build-up of an accumulation of events over time was regarded as more corrosive by some. Both negative and positive outcomes where reported from exposure. For example, negative outcomes such as nightmares and depression were reported, and managed by using the supports of other people such as peers or counsellors. Other, more individual trauma management strategies were also reported, such as personal reflection and healthy avoidance (not returning to high exposure environments again). Positive outcomes also emerged such as increased empathy, closer relationships with loved ones and an enhanced ability to be a journalist.

7.13   Conclusion

Overall Study 2 was concerned with the subjective experience of trauma reporting for 13 Australian media professionals. The interviews revealed four themes; *motivators, on the way out, in the field* and *returning home.* Each of the four major themes had multiple subthemes that gave an in-depth understanding of the experience of being a trauma reporting media professional. The first theme to emerge gave insight into what drives a person to be a trauma reporting journalist; the issues around anticipating being assigned to a potentially traumatic story, and the self-preparation that occurs before going out. Also discussed was the experience of being out in the field, and the four aspects of the self that were impacted when trauma reporting that included existential, cognitive, physiological and emotional effects. Finally, the journalists discussed the after-effects of trauma reporting, which included both pathogenic and salutogenic outcomes. The outcomes occurred following one of either two types of exposure experiences, the first was following a single event, which was impactful

because of the intensity of the event. The second types of outcomes followed the understanding by the reporter of the effects of cumulative trauma exposure over time.

Taken together, the interview data add much to our understanding of the nature of trauma reporting, and the very real possibility of constructive changes occurring following exposure to work related traumatic events. Overall, the path leading to positive changes is complex, and includes motivations, pre-exposure aspects such as personal preparation, peritraumatic experiences that impact of n the whole person, and the use of trauma management strategies when returning home. The presence of salutogenic factors in journalists is stimulated by the struggle with managing pathogenic effects. This outcome is consistent with the model presented by Calhoun et al. (2010).

8. General discussion

The purpose of the current thesis is to examine both pathogenic and salutogenic effects amongst trauma exposed media professionals, with a specific focus on differences amongst on the various reporting mediums, as well as work status of freelance or staff, war and non-war journalists, and trauma trained and non-trained reporters. The vast majority of previous work on journalists exposed to trauma has examined pathogenic effects amongst media professionals to conclude that journalists can be negatively impacted by deleterious trauma outcomes (e.g., Backholm & Björkqvist, 2010; Feinstein, 2004; Newman et al., 2003; McMahon, 1993; McMahon, 2001). No known study has examined salutogenic trauma outcomes as measured by posttraumatic growth (PTG) amongst media professionals. Further, research on journalists has tended to examine reporting mediums separately, such as broadcast (e.g., Hatanaka et al. 2010) or photojournalists (e.g., Keats, 2010), or combined reporting mediums in one study under the banner of journalists (e.g., Weidmann et al. 2008). Again, no known study has compared characteristics of reporting medium - print, camera, broadcast or editors; work status - freelance and staff reporters; war and non-war reporters, or trauma-awareness trained and non-trained personnel in the one study.

The thesis had four specific aims. Aims 1 to 3 were associated with Study 1 and Aim 4 related to Study 2. The first aim was to quantitatively evaluate the occurrence of pathogenic outcomes within different groups of Australian trauma exposed media professionals. The second aim was to quantitatively evaluate salutogenic outcomes amongst the same groups. The third aim was to examine a hypothesised model of factors to predict PTG amongst the same cohort. The fourth aim explored the functional characteristics of pathogenic and salutogenic experiences of trauma exposed journalists using qualitative means.

This chapter presents an overall discussion of findings from both studies based on the emergent outcomes mentioned, and develops a framework arising from the triangulated data of Studies 1 and 2. The framework brings together the quantitatively tested model, and salient themes arising from the interview data. Prior to this the levels of trauma exposure experienced by those in Study 1 is considered along with a discussion of results relevant to Aims 1 through to 4.

Levels of exposure

The overall cohort of media professionals in Study 1 experienced substantial levels of exposure to work trauma severity of exposure. They were exposed to a broad range of different traumatic work events, and significantly high levels of personal trauma history. The high rates of exposure in the current research are to be expected considering the sampling method requested only trauma reporting media professionals respond to the study survey. Interestingly though, the rates of exposure and severity in the current study are comparable with journalism and trauma studies that have attempted to undertake random sampling methods. Those studies have found that 80-100% of media professionals are exposed to at least one significantly traumatic event in their careers (e.g., Dworznik, 2011; Newman et al., 2003; Pyevich et al., 2003; Smith, 2008; Teegen & Gotwinkel, 2001).

The types of event exposure amongst the current study group were also consistent with previous research, with the current cohort highlighting injured or dead child as the most reported event, as well as the most distressing event to cover. The work characteristic that compounded the severity of the reporting experience was reporting at the scene of a traumatic event. The most commonly reported personal trauma history event was life threatening illness to self, family or a close friend. Trauma exposure amongst the specific characteristic groups established that only camera operators and war reporters evidenced significantly higher rates of work trauma severity of exposure, with war reporters also experiencing higher

amounts of a range of traumatic events. Men evidenced significantly more work-related trauma severity of exposure than women, and were exposed to a wider range of different events, and personal trauma history.

Aim 1: Evaluate the occurrence of pathogenic outcomes across different groups of Australian trauma exposed media professionals.

The first aim of the study was to consider potential pathogenic differences across four specific characteristic groups of journalists: reporting medium, (camera operators, print, broadcast and editors); work status, which included freelance and staff reporters; personnel who had experienced trauma education or not, and war reporters and non-war reporters. Whilst caution needs to be applied because of the size of the sample, overall, the research established that working as part of one of the characteristic groups is not a vulnerability factor for PTS symptoms for media professionals amongst this cohort, and that any negative trauma reactions experienced are by way of being a media professional rather than working in any particular sub-group. This was true for all groups, and for all pathogenic reactions, except for freelance reporters who appear to be more susceptible to peritraumatic fear than staff reporters.

In examining the total cohort, it was established that a quarter of the overall study group reported probable posttraumatic stress (PTS) symptomology. Nevertheless, when the outcomes were examined more closely journalists who had reported from a war zone had higher rates of PTS symptomology than those who had not undertaken such reporting. These outcomes are consistent with recent studies on non-war reporters (Dworznik, 2011; Nelson, 2011; Smith, 2008) and war reporters (Feinstein & Owen, 2002; Feinstein, Owen & Blair, 2002). The lower rate for war reporters in the current study may be due to a sampling issue, with the current research gathering data from reporters who had been in a war zone at least once. It did not record frequency or longevity of war experience beyond one experience,

whereas previous studies have examined professional war correspondents spending significant periods in war zones. The overall sample PTS rates, and characteristic group rates of PTS in the current research are substantially higher than PTS rates in the Australian general population, which are reported between 1.3 – 6.4% (Creamer at al., 2001; Slade et al., 2009). This anomaly again may be put down to an exposure rate issue, with media professionals experiencing much higher rates of trauma exposure than the general population.

As stated, there were minimal pathogenic trauma differences amongst the various characteristics groups, other than freelance reporters evidencing significantly higher rates of peritraumatic fear compared to staff reporters. As discussed in section 6.6.2 of this thesis, this may be a factor of freelancers being isolated and working alone, with little professional support. On this basis freelance reporters may experience higher rates of vulnerability in regard to their safety, resulting in elevated levels of peritraumatic fear.

Only a handful of psychological studies have compared pathogenic trauma outcomes on specific groups of media personnel, however these have tended to be on individual mediums such as camera operators (e.g., Morales et al. 2012; 2014; Newman et al. 2003), print reporters (e.g., McMahon, 2001; Nelson, 2011) and broadcast reporters (e.g., Hatanaka et al. 2010). The remaining studies have combined reporting mediums under the collective name of journalists when examining trauma effects (e.g., Dworznik, 2011; Weidmann et al. 2008). Only one study compared different reporting mediums amongst TV news gathering professionals (Dworznik, 2008), to establish no differences in pathogenic outcomes between reporters, camera operators and news truck operators.

Of the single studies on reporting medium, camera operators have been found to have high rates of pathogenic trauma outcomes (Feinstein & Owen, 2002: Feinstein & Sinyor, 2009; Morales et al., 2012; 2014). This outcome is understandable as camera operators also demonstrate high rates of trauma exposure (Newman et al., 2003). The current data supports

the finding that camera operators experience higher levels of trauma exposure than other reporting mediums. This may reflect the fact that camera operators need to always be on scene to get a visual story, whereas other reporting mediums can create news content from video feeds, press releases, phone interviews, or from what is known as user generated content - material sent through from mobile phones from citizens. Being on scene was highlighted as the reporting characteristic in the current study to most exacerbate the intensity of a traumatic experience.

No known study has specifically reviewed freelance and staff reporters as comparative groups, and only student journalism studies have examined trauma and non-trauma trained personnel (e.g., Dworznik & Grubb, 2007), along with non-journalist populations (e.g., Cohn & Pakenham, 2008). The current study established no differences between any of these groups on potential PTS symptomology. Therefore, being in one of the specific characteristics groups, in this study, was not a vulnerability factor for pathogenic outcomes. There was no direct relationship between gender, posttraumatic stress symptoms in the current study. There was only an indirect finding. The absence of a direct relationship between gender and PTS symptomology for media professionals aligns with previous findings (e.g., Sinyor & Feinstein, 2013).

Aim 2: Evaluate the occurrence of salutogenic outcomes across different groups of Australian trauma exposed media professionals.

Aim 2 was concerned with establishing the occurrence of salutogenic outcomes amongst Australian journalists as measured by posttraumatic growth. When examining the presence of growth amongst specific characteristic groups of Australian journalists such as reporting medium (print, broadcast, camera and editors), work status (staff or freelance), war or non-war reporting, and trauma trained personnel or non-trained, significant PTG rates were established amongst camera operators compared to other reporting mediums; freelance

reporters compared to staff journalists; war journalists compared to non-war reporters, and trauma trained personnel compared to non-trauma trained.

Reflecting on the three work-role characteristics that have significantly higher rates of PTG – camera operators, freelance reporters and war reporters, each of these groups could be said to be quite distinctive from their cohort comparisons, yet hold similar features to each other that may contribute to their levels of PTG. Camera operators have been identified as being a special group amongst the reporting profession because of their need to gather visual information and have their camera as a constant tool-of-trade companion (Keats, 2010). They also need to be at the scene to undertake their reporting, compared to other reporters who can still file stories without being physically present. These factors establish a delineation when compared to other reporting mediums, and contribute to a particular camaraderie amongst this group (Busst, 2012). Being on scene was identified in the current study as the main factor contributing to the severity of trauma exposure, with camera operators the only reporting medium to evidence significantly high levels of work-related trauma severity of exposure. Severity of exposure has been found in other research to contribute to PTG (e.g., Zoellner & Maercker, 2006). It is possible that the camaraderie experienced by camera operators, war reporters and freelancers alike may contribute to an environment that facilitates supportive disclosure of trauma experiences Novak & Davidson, 2013), which is found to contribute to PTG (Calhoun et al., 2010).

War exposure has been associated with PTG in previous research in regard to increased solidarity with colleagues, willingness to acknowledge severe experiences, and finding deeper meaning in the world (e.g., Fontana & Rosenheck, 1998; Forstmeier, et al., 2009). These factors may explain the current finding that war reporters experience significant levels of PTG compared to non-war reporters. An example of growth in the current thesis is the PTG domain of relating to others, where Patrick described his support of

colleagues as one of the few active and constructive things a person can do in a war zone, where an individual can have little other impact;

> *... in some ways, you could say it was a positive thing you can do, to actually help*
>
> *your colleagues in a situation where you can do nothing else for anybody else*
>
> *(Patrick)*

As identified with camera operators, severity of trauma exposure is a factor predicting PTG (e.g., Armstrong et al., 2014; Morris & Shakespeare-Finch, 2011; Paton, 2005; Shakespeare-Finch et al., 2003; Tedeschi & Calhoun, 1995). War reporters in the current research had significantly higher levels for both the range of traumatic event exposure, and severity of traumatic event relative to their non-war reporting colleagues. Further, like camera operators and freelance reporters, a specific camaraderie has been identified amongst war reporters who bond over their desire to report on the dispossessed, and bereaved victims of conflict (Feinstein, 2003). Such bonding may pave the way for supported self-disclosure as suggested for camera operators.

Freelance reporters are a group that need to develop more intensive peer and collegial support networks compared to staff reporters because of the isolation created by the nature of their work. This is true from a support network perspective but also from an enterprise and business perspective (Storey, Salaman, & Platman, 2005). Again, this may contribute to an environment of supportive disclosure. Further, freelance reporters were the only group to display significant pathogenic effects compared to their cohort group, staff reporters, with freelancers evidencing significantly higher levels of peritraumatic fear. This may be understood from the perspective of freelancers working alone and therefore being potentially more fearful of their safety and security in the moment of trauma exposure (Greenberg et al., 2007). As identified under emotional processing theory (Foa & Kozak, 1986; Foa & Rothbaum, 1998), fear is an integral part of stimulating cognitive processing, which in turn is

required to manage trauma outcomes. Previous research has established the struggle that occurs when managing peritraumatic distress is significantly related to PTG (Kunst, 2010; 2012).

The non-work role factor examined in relation to group characteristics was the comparison between trauma management trained journalists and non-trained personnel. As stated previously, the outcomes showed trauma trained reporters evidenced significantly higher rates of PTG compared to those not trained to manage such exposure. Previous research has established similar findings for other professions (e.g., Paton, 1994; Shakespeare-Finch at al. 2014), and specific journalism and trauma studies also suggest the possibility of such a link (Novak & Davidson, 2013). These findings do not establish causality; however, they do create a foundation for further study of this relationship.

Aim 3: Examine a hypothesised model of relationship between pathogenesis and salutogenesis amongst this cohort to predict PTG

When examining a predictive model of PTG, which includes factors of gender, personal trauma history, work related trauma severity, peritraumatic distress and PTS symptomology, PTG was best explained by male gender, multiple forms of trauma exposure, and peritraumatic distress. The multiple forms of trauma come from both work related trauma, severity of exposure, and personal trauma history. In the SEM, personal trauma history and PTG were mediated by peritraumatic distress.

The findings of the current study deviate from recent reports that PTG is predicted by PTSD, or PTS symptomology (Shakespeare-Finch & Lurie-Beck, 2014). The present research revealed no such relationship in multivariate analysis. Correlations initially established a positive, linear relationship between PTSD symptomology and PTG, but this was not productive in the multivariate analysis. Further, the present research revealed that male gender was indirectly related to growth, whereas most studies on other populations have

established a relationship between female gender and growth, albeit a modest relationship (Visnevsky et al., 2010). This outcome may be influenced by the degree of traumatic exposure. In the present study men had significantly higher rates than women for all types of traumatic exposure – range, and severity of workplace trauma exposure, and personal trauma history. Severity of exposure and multiple forms of trauma exposure, especially personal and work related are associated with PTG (Armstrong et al., 2014).

A possible explanation of the difference between the current research and other studies in regard to PTSD and PTS symptomology may relate to cognitive processing after the event. PTSD has been associated with incomplete processing of trauma reactions such as intrusions and re-experiencing (Horowitz, 1986). The time period between the event and reporting symptomology may permit more effortful processing and rumination about the event, which is associated with PTG (Morris & Shakespeare-Finch, 2010). There may also be an element of function of job role at play in the development of PTG. Being in the role of a journalists may in itself contribute to cognitive processing of traumatic content. Journalists need to process the information they are exposed to in order to create a story for the news consumer. This act may facilitate the processing needed for PTG.

The most potent facilitator of PTG in the model was peritraumatic distress. This concurs with studies showing a relationship between peritraumatic effects and PTG (e.g., Kunst, 2010; 2012). In the current thesis fear, horror and helplessness were measured quantitatively, and broader experiences such as anger emerged in the interview data of Study 2 as peritraumatic reactions. Peritraumatic distress was a mediator between personal trauma history and PTG, thus journalists who experienced personal trauma history only evidenced PTG if they reported feeling distressed at the time of the event. In relation to work related trauma severity there was a weak, but significant direct path to PTG.

Aim 4: Review the functional characteristics of pathogenic and salutogenic experiences of trauma exposed journalists

The analysis of the subjective experiences of trauma exposed media professionals established four major themes; *motivations*, which related to both personal and professional motivations for undertaking trauma reporting; *on the way out,* which relates to the experience of being assigned a story that is potentially traumatic. This theme included three sub themes, the main one being *self-preparation* for undertaking a story. The third major theme was *in the field*, which included cognitive, physiological, emotional and existential aspects of reporting on a potentially traumatic event in the moment. The most outstanding sub-theme to emerge from this theme was the *journalist-person dilemma*. The final major theme to emerge was *returning home* which included sub-themes such as timing, managing the experience, salutogenic and pathogenic outcomes. The themes are discussed fully in sections 7.9 to 7.12, and as part of the whole PTG framework in the next section which is a triangulation of the data from both studies.

8.1   A framework for interpreting the findings from Study 1 and 2

A major contribution of the present research was its focus on the salutogenic experience of media professionals who experience potentially traumatic events. The study permitted a thorough examination of the contributing factors of growth amongst this cohort. The application of a growth framework amongst media professionals was confirmed, with the current outcomes drawing on, and extending the framework of Tedeschi and Calhoun (1996) and Calhoun et al. (2010). A framework emerging from the current investigation contributed novel aspects such as motivations for undertaking trauma reporting, preparation for confronting work-related traumatic exposure, and characteristics of work role, is presented in

Figure 8-1.

Pre-trauma   Challenge   Growth

Some people remain at these points – – –
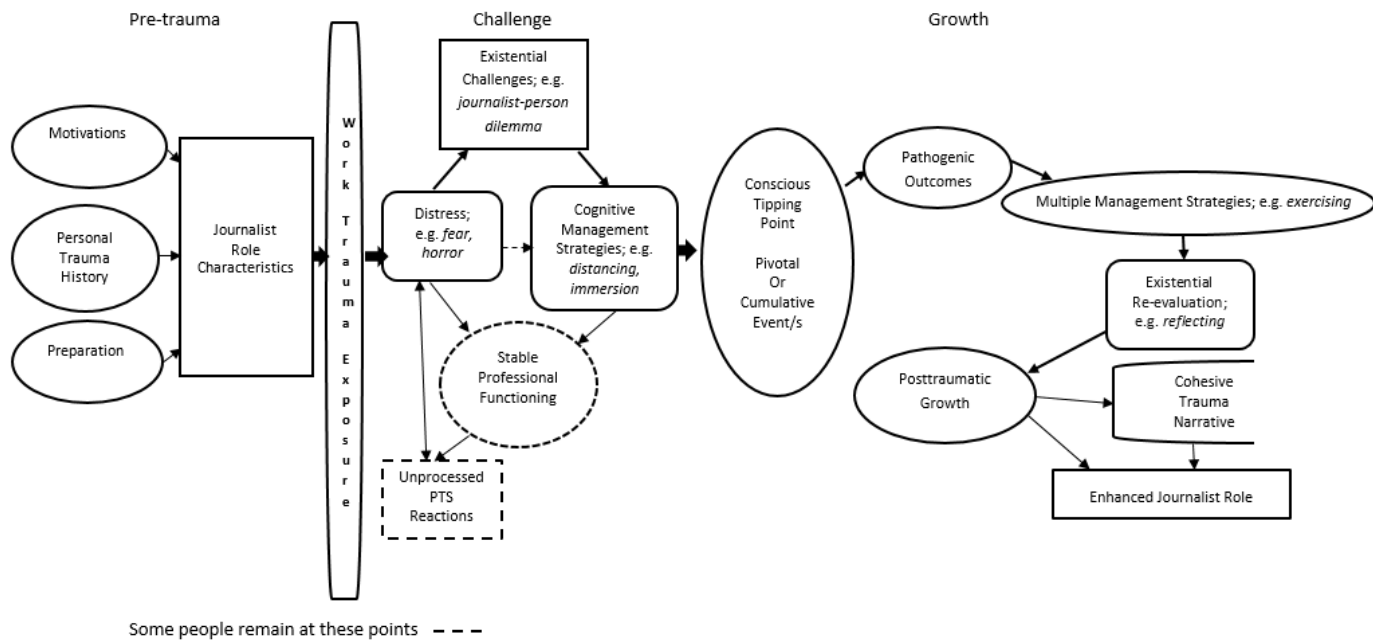
Figure 8-1. Framework of work related PTG

This framework takes into consideration multiple trauma exposures rather than the single 'seismic' event model utilised by Tedeschi and Calhoun (1996). The framework is divided into three phases; pre-trauma, challenge and growth phases and brings together findings from Study 1 (quantitative distress, symptomology and growth outcomes) and Study 2 (qualitative experiences and processes). The *pre-trauma* phase includes aspects that a journalist 'brings with them' into the profession, whether they intend to be trauma reporters or not, such as personal history and motivations. This aspect is linked to the *challenges* phase by trauma exposure. When trauma exposure occurs the media professionals are confronted with various internal challenges to manage the distress caused by exposure. This sometimes included significant existential challenges.

The movement into the *growth* phase occurred once the professional had employed cognitive management strategies and they become aware of the impact that trauma reporting had on them. The outcomes found that this may follow one particularly significant event, or the accumulation of many events. This section discusses the framework in detail.

8.1.1 Pre-trauma phase of the PTG framework

The first of the three phases of the framework, pre-trauma, is shown in Figure 8-2. Personal and professional motivations, personal trauma history and preparation for going on a potentially traumatic assignment all underpin the role of a trauma reporter. In the current study, the specific role characteristics of staff and freelance reporter; print, broadcast reporters, editors and camera operator; war and non-war reporters, and trauma-educated personnel and non-trauma-educated personnel were examined in Study 1. Of these groups, as previously stated, freelance, camera, war, and trauma trained journalists evidenced higher rates of PTG compared to their counterparts. A broader view of the journalist's role is also considered beyond these four characteristic groups drawing on outcomes from the interview data. Of the four elements of the pre-trauma framework; motivations, personal trauma history, preparation and journalist role are proposed as fundamental elements that pave the way for eventual posttraumatic growth in the framework. Each of the elements is discussed.
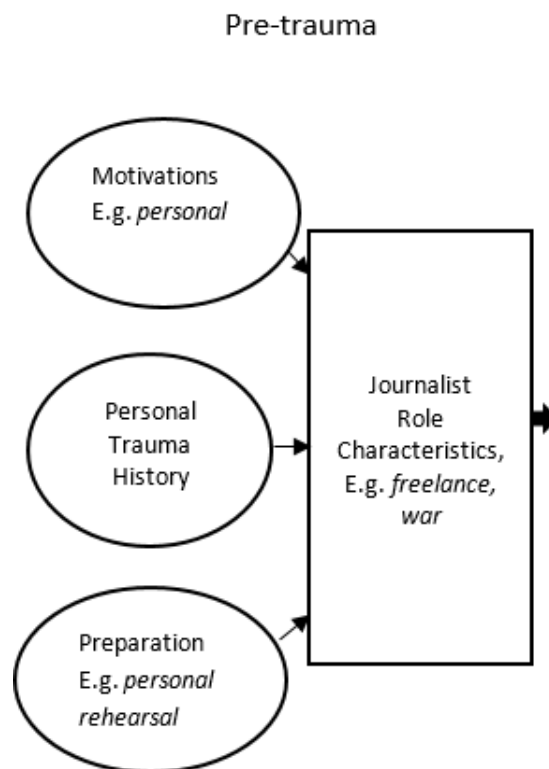
Figure 8-2. Pre-trauma phase of professional PTG framework for journalists

Motivations

The interview data elicited both personal and professional motivations from the trauma reporting journalists. Motivations were not explicitly part of the interview questions and therefore were not considered in the literature reviews, but emerged during the process of discussing what it was like to be a trauma reporter. Journalists connected their experience of trauma exposure with the motivations and meanings surrounding their work. The sub-themes that emerged as personal motivators were *vicariism, personal enrichment, stimulation, and self-healing,* and professional motivations were *story-telling, voice for the voiceless, society's cornerstone, and getting the yarn.* Each of these personal and professional sub-themes focus on intrinsic personal gain, or providing personal meaning for the participants. Intrinsic motivation is where the individual looks for new challenges in life, strives to understand their own capacity, and observes the world and others to gain personal knowledge (Ryan & Deci, 2000). Deci and Ryan (1985) propose that intrinsic motivation develops so that people can establish congruence between their sense of self and the environment within which they function. Within a work context, theory suggests that when work activities coincide with intrinsic motivations (and vis-a-vis a person's self-concept), then there can be a heightened sense of meaningfulness experienced by the individual. An example of this is when a person undertakes job-tasks that in themselves are not particularly engaging, but will be experienced as both meaningful and intrinsically motivating if they are connected to the person's self-concept (Shamir, 1991).

Building on the notion of work having meaning for the individual, Rosso, Dekas and Wrzesniewski (2010) identified seven processes where motivation, meaning and professional life intersect. Work places, or professional roles that allow; authenticity (developing a sense of the 'true self'), self-efficacy (the power to make a difference), self-esteem (feeling a valuable contributor that enhances a sense of self), purpose (sense of intentionality, and

values), belongingness (establishing relationships and interpersonal connection), and transcendence (contributing to something greater than one's self; positive impact on society) will enable people to feel both motivated and have a deeper sense of meaning. They suggest people approach work-life as one of three orientations; job, career or calling. Those approaching work as a job see it for the material benefits that can be gained, and may obtain the meanings proposed above outside of the workplace. Those seeing work as a career focus on the prestige and status within the job, and see advancement as a way to enhance self-esteem. Those viewing work as a calling see their work as contributing to a greater good and feel fulfilled by the work itself.

Each of the personal and professional intrinsic motivations proposed by the reporters in the current study can be associated with the approaches proposed by Rosso et al. (2010), and contribute to the journalists attempt to find congruence for themselves. Overall, the majority of those interviewed fit into the category of seeing the job as a calling, with examples such as Hilary and Cameron seeing themselves as being a *voice for the voiceless* and *society's cornerstone*. Fewer interviewees fitted into the career approach; however Nicholas's *getting the yarn* desire could be included in this category as his drive was to achieve an outcome that placed him competitively above others in his field. There were no interview participants that saw their work as purely a job.

In relation to the intrinsic motivations and the seven mechanisms mentioned by Rosso et al., (2010), one sub-theme in particular is a fitting example of the association with these mechanisms. The theme of *vicariism* saw both Darren and Barry gain a sense of value and knowledge for their own lives by immersing themselves in lives of others through newsgathering interviews. Their reporting allowed them to measure their sense of self against others and realise they were better off than some they reported on. They also had richer life experiences by living though others, than they otherwise would have had. The *vicariism*

motivation also intersects with belongingness, as it allows Darren and Barry to feel a part of humanity, for better or worse. The personal motivator of vicariism also intersected with the professional motivator of *story-telling*. This is especially evident in Barry's experience. His desire to observe others, and be immersed in the lives of his interview subjects activated a desire to be a creative story-teller. Whilst *story-telling* has personal gain, through the pleasure of creativity, it is also a very socially connecting act. The story-teller wants and needs to be heard by others.

The personal and professional motivations generally discussed by the journalists can also be understood as elements of the most recent model of PTG established by Calhoun et al., (2010). Calhoun and colleagues identified the starting point of their model as the person pre-trauma, with their own assumptions about the world and themselves. Each of the motivations discussed in the current study is fundamentally linked to Calhoun et al.'s, (2010) notion of basic assumptions. Basic assumptions are inherently about self-concept, congruence of self, and meaning. The basic assumption model proposed by Janoff-Bulman (1989; 1992) that underlies the PTG paradigm of Calhoun et al., (2010), focuses on an individual's sense of self in a kindly and safe world; their sense of the world being comprehensible and meaningful, and their sense of self being worthy, which can be especially associated with Rosso et al.'s (2010) elements of purpose, belongingness and self-efficacy.

Personal trauma history

Previous journalism and trauma studies have identified personal trauma history as a factor in pathogenic, posttraumatic symptomology for journalists (e.g., Backholm & Björkqvist, 2010; Newman et al., 2003; Teegen & Grotwinkel, 2001), however no known journalism studies have established this as a factor relating to growth. This outcome has only previously been established in studies on other trauma exposed professional groups such as fire-fighters (Armstrong et al., 2014; Shakespeare-Finch et al., 2003), where it was found to

have a positive relationship with PTG. The association of personal trauma history with growth was confirmed both quantitatively and qualitatively in the current research. Data from both the structural equation model (SEM) and the IPA data showed personal trauma history had a significant part to play in resultant outcomes of growth. Examples of personal trauma history that emerged were, experiencing domestic violence as a child, sexual abuse, and previously living in a conflict zone.

In this first, pre-trauma phase of the current PTG framework, personal trauma history contributes to functional aspects of the journalists work role. For example, this applied to Miriam who reflected on having an alcoholic mother and being a neglected child. Miriam also undertook professional stories as a journalist on neglected children. During the interview, Miriam had the self-awareness to associate her personal trauma history quite directly to her current reporting role, when she referred to her history as being a *trigger* for her work. Personal trauma history in this instance was also a personal motivator. Miriam attempted *self-healing* and self-understanding by doing the stories on child-neglect. In doing stories connected to her own personal history Miriam was at one point overwhelmed by the experience, and needed to access professional counselling and rely on the support of her husband more than she had previously. This ultimately enabled Miriam to understand more deeply her own history, and her present day journalism choices. Subsequently she experienced an enhanced level of communication and depth in her personal relationship.

Preparation

None of the participants in the interview study reported experiencing any form of trauma awareness or stress management training during their working life. Whereas, 19% of those involved in the survey study reported having trauma management training. The survey data demonstrated that those who experienced training evidenced significantly more PTG than participants who had not had training. The training that media professionals discussed

as useful in their interviews was training that prepared them to manage their fear and anxiety before going on assignment, and to deal with the after-effects of exposure. Hilary spoke of the nightmare that she had in anticipation of her assignment in Afghanistan, and Oscar discussed his distress, and aversion to going back to cover the Middle East. Yet, despite fear and anxiety, Barry identified little preparation for traumatic assignments from leaders when being sent out. With the lack of such training, some journalists were able to self-initiate their own form of preparation. Hilary engaged in post-assignment counselling to *clear the decks* for the next assignment she would face. Barry described that he wanted managers to brief staff before they go out on assignment, and provide some basic information on what might be expected. He also discussed the importance of student journalists having trauma awareness training before they commence in the profession. Barry also engaged in his own form of cognitive rehearsal, where he imagined what he might be seeing and who he might be speaking to, as well as crafting the sorts of questions he might later ask.

Previous studies on journalists exposed to trauma have shown higher resilience in those who had received trauma management training that builds on their inherent coping mechanisms as journalists, as well as enhancing social relationships, (Keats & Buchanan, 2011; Novak & Davidson, 2013). Training that encourages peer support; physical and psychological preparedness, and builds on one's sense of humour, optimism and ability to reflect was found to be beneficial (Keats & Buchanan, 2011). Further, maintaining a sense of meaning and purpose, and retaining a sense of control also helps journalists manage the effects of workplace trauma (Keats & Buchanan, 2011). The current research extends these findings by highlighting the importance of management support, the significance of cognitive rehearsal and personal preparation, and going in to trauma reporting with the *decks cleared*, that is, being unencumbered by previous trauma loads.

Journalist Role

The current research investigated specific characteristics of the journalist's role, including the previously mentioned trauma trained media professional, as well as freelance, camera operators and war reporters. Each of these groups evidenced significantly more PTG than their counterpart groups (non-trauma trained personnel, staff reporters, and other reporting mediums such as editors, print and broadcast journalists, and non-war reporters). Whilst trauma training has already been addressed, the differences in growth between the other characteristic groups (freelance, camera operators and war reporters) may be understood in relation to the function of role identity amongst these groups. Previous research on camera operators has highlighted the special bond or camaraderie amongst photojournalists and camera operators compared to other reporting mediums (Busst, 2012). Their reporting via visual means rather than verbal means, using a very obvious tool of trade such as a camera also further sets them apart from other reporting mediums, and makes them more obvious in public than other reporters. These differences may reinforce a role identity amongst this group that distinguishes them from other reporting mediums of print and broadcast reporters. Similarly, freelance reporters and war correspondents may develop specific role identities that also set them apart. Whilst no known psychological study has occurred on the role identity of freelance journalists, the professional demands they confront call on them to be independent and self-sufficient. They must maintain a tenacity and robustness to pitch their stories to news organisations, and be prepared for knock-backs that have larger implications than for staff reporters. They forego the material and collegial support of an organisation to maintain their autonomy, resulting in less security than staff reporters.

Like freelancers, war reporters also need to be tenacious and robust. Whether war reporters are staff or freelance journalists, they confront hazardous situations that are often

life threatening. Research on war correspondents shows they see their identity as based on three elements; undertaking a public service, having a professionalism that is not necessarily present in general reporting, and the intrinsic value and importance of reporting on war and conflict (Tunstall, 1971).

Although the factors discussed relate to specific reporting groups, the general role identity of journalists emerged in the interview data as a crucial factor for professional functioning. The journalists found their role to be protective, as described overtly by Barry, which has also been identified in other journalism studies (e.g., Novak & Davidson, 2013). It was also found to be something that could be turned on and off when appropriate, as described by Nicholas during his interview. This ability allows the media professional to maintain a sense of control over professional involvement and regulate their immersion in the journalist role. This may bring rest and relief from the role as needed. Conversely, there were also existential dilemmas to arise when the professional role was challenged by questions arising from exposure to tragedy and the suffering of humanity. Sometimes these existential quandaries where resolved easily by the journalists, and at other times they stimulated more distress. These dilemmas are discussed in more detail in the challenge phase of the framework.

8.1.2   Challenge phase of the PTG framework

The second phase of the proposed PTG framework for journalists is the challenge phase, as represented in Figure 8-3. The phase includes five aspects; distress, existential challenges, cognitive management strategies, stable professional functioning, and unprocessed posttrauma reactions. The data supporting the distress element emerged from Study 1, and data supporting existential challenges, cognitive management strategies, stable functioning and unprocessed reactions emerged in Study 2.

It is proposed that the Challenge phase generally occurs peri traumatically because it occurs immediately or close to trauma exposure. However, it is not limited to that stage of exposure for those experiencing multiple trauma exposures. The interview data from Study 2 suggests that central to this phase, are the existential challenges which confront many journalists, and stimulate cognitive management strategies to deal with dissonance or distress. The journalists who were able to move through the *distress – existential challenges – cognitive management* stages continued on to the growth phase of the framework. This was the most active component of the model in that journalists were confronted with questions about purpose and meaning that they grappled with. However, some journalists did not experience existential dilemmas, but went directly from *distress to cognitive management* strategies, and then to the growth phase. This may be due to cognitive management strategies that reduce distress being an active catalyst to growth (Tedeschi & Calhoun, 2004).

Finally, other journalists remained in the *distress – unprocessed PTS symptoms – stable professional functioning* stage, and did not move into the growth phase. The bi-directional nature of the arrow between distress and unprocessed PTS reactions shows the potential for individuals to move from being stuck in a symptomatic state if they were able to eventually develop skills to manage their traumatic distress. The dotted lines indicate that only some people remained at these points. Each aspect of the proposed framework is now discussed.

Distress

Previous research has confirmed high levels of posttraumatic distress in media professionals (e.g., Hatanaka et al., 2010; Pyevich et al., 2003; Smith, 2008). Similarly, the quantitative data from Study 1 confirmed the presence of horror, helplessness and fear (e.g., Pyevich et al., 2003; Smith, 2008), as well as guilt (Browne et al., 2012; Pyevich et al., 2003). In

addition, the interview data from Study 2 also revealed that anger is also part of the subjective distress experiences, especially peritraumatic anger.

Further, a curious reaction to trauma exposure was evidenced, that of elation. Although not generally regarded as a distress experience, elation was a spontaneous, peritraumatic experience in the face of human tragedy and life threat. The journalist, Patrick, who reported this experience surmised that this was a physiological reaction associated with adrenaline. Whilst this is possible, it may also relate to relief at being witness to, and not part of the tragic scenario unfolding in front of him at the time. The various trauma trajectories associated with distress are now reviewed.
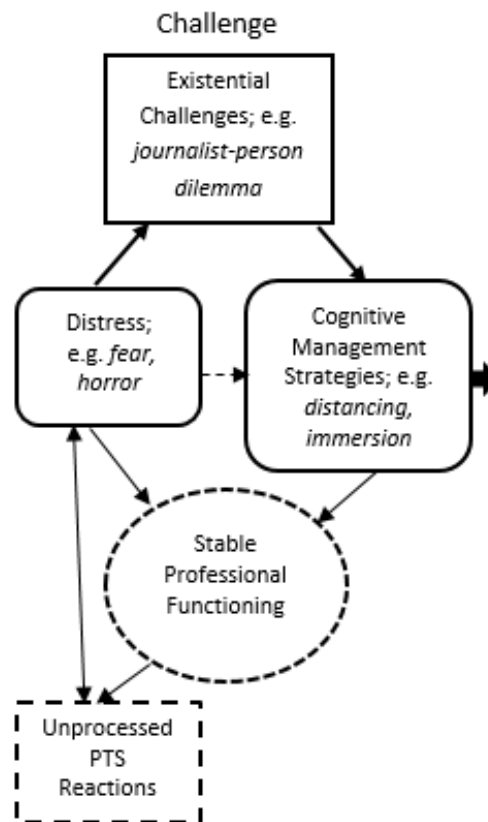
Figure 8-3. Challenge phase of professional PTG framework

Distress – stable professional functioning – PTS symptomology pathway

The non-growth, distress – stable professional functioning - PTS symptoms pathway in the current study was especially evident in Robert's descriptions of reporting in Timor and

his subsequent reactions. Robert still becomes distressed when thinking or talking about the event and regards his reactions as being *odd,* and he is *mystified* and *frightened* by them, as he can't comprehend what the emotions *say about [him].* These responses indicate a lack of emotional-cognitive processing of the experience, resulting in Robert holding *hopes* that he will be able to return to overseas reporting but he is not sure. Robert also *hopes* he will eventually understand his emotional experiences at some point, but hasn't yet come to such an understanding despite the event occurring five years prior to being interviewed. Robert displayed ongoing distress and guilt about not doing more, yet he exhibited an ability to function well in his role as a domestic reporter despite his distress. Nonetheless, the continued intrusive nature of his emotionality signifies ongoing posttrauma symptomology.

Existential challenge-cognitive management strategies pathway

The most common theme to emerge from the interviews with journalists in the *existential challenge-cognitive management strategy* pathway was the theme *journalist-person dilemma.* This affected four aspects of journalist's functioning; *the person; the journalist; the merge; the protagonist.* The *person* is evidenced when the individual is confronted with the choice as to whether to move out of journalistic, observer role and respond as a *person,* such as physically applying first-aid to someone when arriving on scene to report on a story as Cameron did. Cameron felt confident in taking this stance, and was clear that he would take it again. For him, the delineation was unambiguous – to be a *person* first rather than remain in the observer role. Interestingly Cameron reported that other journalists had criticised him for taking this position, which highlights the dilemma in the profession as a whole.

The second role dilemma that emerged from Study 2, was when the journalist had remained in *journalist* role. When journalists felt constrained by their role, it created substantial internal conflict and distress and a feeling of being compromised as a human

being. This was evidenced when Miriam felt that she could not intervene when confronted with neglected children because her role was to observe and report. Yet, others felt that maintaining their journalist role was protective and gave clarity and direction to what they were reporting on. Barry articulated overtly that the journalist role was protective, and Nicholas discussed being able to switch the journalist role on and off when need be. The three journalists highlight different dimensions of their professional role, and all managed their relationship with it in different ways. One returned to the workplace and wrote the story, but continued to negatively ruminate about self and the situation, causing further turmoil and further distress, resulting in counselling being sought. The other two were more resolute about maintaining the professional role. These outcomes suggest that the professional role of being a journalist can be protective (Barry and Nicholas), but can also trigger distress when the reporter is ambivalent about their responsibility and actions in specific situations.

The merge in the journalist-person role dilemma was where the journalist fused with the story, or an aspect in the story, and therefore struggled to create a delineation between themselves and either the interview subject, or content of a story. Evidence of this aspect comes from both Study 1 (levels of distress) Study 2 (aspects of the experience and process). The *merge* resulted in guilt, high levels of distress, existential questioning of professional role and anger. These outcomes may have occurred because of a feeling of internal incongruity, which has been linked to posttrauma distress (Horowitz, 2003).

The *merge* was evidenced when Hilary knew about a soldier's injury before the mother did. This led to a high level of anguish, and for the first time in her professional life she doubted her ability as a professional correspondent. The identification with the parent role caused the journalist to lose sight her of her professional boundaries needed to protect herself from significant distress. Further, many journalists spoke of merging of their personal

and professional self when violations against children were the focus of the story. In these instances the identification with the vulnerability of being a child stimulated the merge, thus causing a breakdown of professional role.

Cognitive management strategies

The cognitive management strategies reported by the journalists in Study 2 were *distancing, responsibility, taking control, and immersion*. Some of these strategies were directly related to the existential challenges to journalist's personal or professional role.

The management strategy mostly reported by camera operators to exposure to graphic visual content was *distancing* by *putting the shutters up*. However, non-camera journalists also discussed the processing of distancing as a way to manage their emotions in the face of trauma. This strategy is supported by previous research on journalists (Keats, 2010) and is a mechanism whereby the reporter is able to detach themselves from the tragedy of what they are experiencing, or from their own feelings. Oscar reported that he consciously wrote the story in his head whilst watching a gruesome scene unfold in front of him. He reported an awareness of experiencing horror in himself, but consciously focussed on the task at hand - the story writing - to detach himself from being overwhelmed by his feelings. Oscar likened this experience to a computer that could run two programs at the same time.

Nicholas explained the process of distancing as being distant from himself and the feelings that he experienced, and distant from the talent, or the people he was interviewing. Creating this boundary of distance allowed him to confront both gruesome and fearful situations, and therefore perform the professional function of reporting that he needed to do.

Another common cognitive management strategy was *immersion*. Although seemingly the opposite to distancing, immersion also acts as a way of cutting off from feelings, or containing feelings by becoming so immersed in the story at hand that emotions are kept at bay. Nicholas spoke of immersing himself in the job task through his excitement

at being in the centre of a large, breaking story, and so he was engrossed in the story content and driven by competition. Being so immersed, Nicholas operated on exhaustion, excitement and adrenalin. In this way, Nicholas avoided the emotions he experienced from trauma exposure.

The interview data suggest that not all journalists move into the growth phase, but some stay in the stable professional functioning phase. The determining factor as to whether a person remains in the stable phase, or moves into the growth phase, appears to be whether the individual is able to find a way to emotionally and cognitively process the distress they experience and the existential challenges that they face. This aspect of the framework is consistent with the model proposed by Tedeschi and Calhoun (1996) and Calhoun et al. (2010) that also identifies cognitive processing as an important element of the growth trajectory. In that model, the individual's sense of self is violated and distress must be managed (DePrince & Freyd, 2002; Janoff-Bulman, 1992), which stimulates a reconfiguration of self that paves the way for a new post-trauma reality (Janoff-Bulman's, 1992) which may include growth. The final phase of the framework is the growth phase, and is discussed in detail.

8.1.3   Growth phase of the PTG framework

The growth phase of the PTG framework is represented in *Figure 8-4*, and includes seven elements; *the conscious tipping point, pathogenic outcomes, multiple management strategies, existential re-evaluation, posttraumatic growth, cohesive trauma narrative, and enhanced journalist role.* It is proposed by the current researcher that this phase occurs over time. The aspects of the growth phase emerged from both Study 1 and Study 2 data. The elements of the phase are discussed.

Conscious tipping point

The conscious tipping point represented in *Figure 8-4* is the juncture where the individual becomes aware that one event, or the accumulation of events they have reported on have been impactful from a trauma exposure perspective. Some of the journalists interviewed were overt in identifying an event as being the tipping point. Regina stated, *I remember it as the most traumatic incident I have ever covered.* Others, like Hilary, identified the extreme emotion of the event to be the most *frightened* she had ever been in her life, which subsequently caused her to question, for the first time, her professional capacity. On this basis the tipping point became a marker in time, or a reference point. Events become
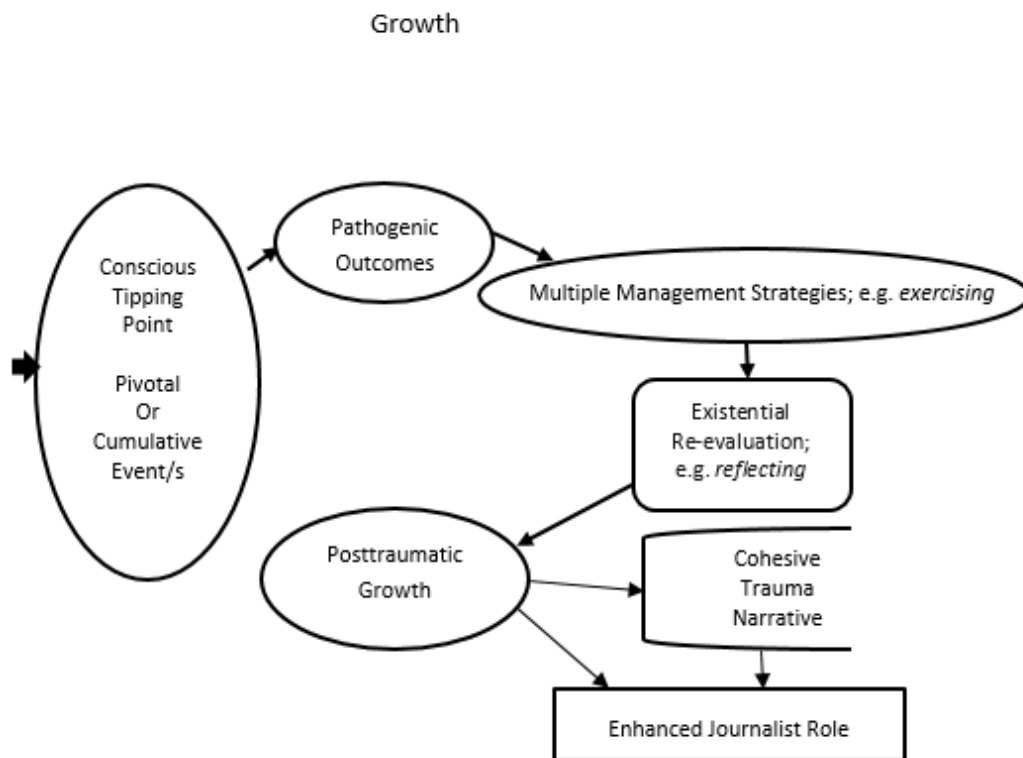
Growth

Figure 8-4. Posttraumatic growth phase of PTG framework

a reference point because of their severity, unpredictability, duration, and level of life threat. This can be understood using Janoff-Bulman's (1992) shattered assumption theory that proposes an individual's basic assumptions about themselves and their world are shaken by significant events. The journalists in Study 2 were able to identify that moment in time

where their most significant reporting event impacted on their lives in such a way, or where they identified that an accumulation of intense events had built up over time and impacted on their sense of self. Such an accumulation was highlighted eloquently by Cameron who described the effects of cumulative exposure as being *like mercury in a fish* that slowly builds up over time. The dislocation caused by the *conscious tipping point* triggered pathogenic reactions that developed over time, in this way they are distinguished from the *distress* of the challenge phase of the framework which tended to be peritraumatic reactions or to occur shortly after traumatic exposure.

Pathogenic outcomes

The pathogenic reactions that emerged in Study 1 in the journalists were, posttraumatic stress symptomology such as intrusiveness, nightmares. Study 2 also established that journalists experienced ongoing distress such as tearfulness, depression and isolation. As stated, the pathogenic reactions in the growth phase differ to the distress reactions in the challenge phase as they tend to be longer term outcomes that have already been part of earlier attempts to manage immediate distress and existential challenges to one's professional role. An example that highlights the time element is given by Robert who stated; *I mean, it upset me at the time, but it most particularly upset me... it didn't show physically in me, I don't think for 12 months.* This example includes both the early distress reaction that was managed in the challenge phase of the framework, and pinpoints the longer-term reaction occurring at a later date (growth phase). The findings of Study 1 in particular suggest that whilst some of the reactions described by journalists fit into potential PTSD symptomology, such as intrusion and nightmares, Study 2 establishes that journalists experience a broader range of reactions such as isolation, heightened emotionality, and depression. Whilst PTSD symptomology has been well established in journalists and trauma studies (e.g., McMahon, 2001; Nelson, 2011; Newman et al., 2003) few journalists studies

have attempted to understand the subjective experience of the pathways leading to longer term outcomes. For example, Oscar reported the experience of *isolation*, leading to estrangement. Oscar's subjective reality was that when he attempted to mix socially with others he felt their eyes would *glaze over* once he began to explain his experiences reporting in war zones. Such experiences caused him to only feel truly understood when he was with others who had similar war reporting experiences to himself. Nonetheless, the pathogenic reactions were an impetus for journalists to apply self-management techniques to alleviate the impact of the negative effects of the pathogenic outcomes. In managing these more chronic experiences, the reporters established numerous strategies that included both individual management strategies, and utilising the support of others.

Multiple management strategies and existential re-evaluation

The interview data reveal that journalists were able to engage in adaptive strategies to manage their longer term trauma reactions which included both independent strategies (such as *healthy avoidance, exercise, reflecting, reading, taking control)* and ones that involved the support of other people (*colleagues, counsellors and the employing organisation)*. The most commonly used strategies were reflecting, and using the support of colleagues, or what is termed, peer support. These strategies were employed not only to alleviate any discomfort caused by the pathogenic experiences but were linked to trying to understand one's experience, which often stimulated re-evaluation of the individual's sense of self, especially in their professional role. Keats and Buchanan (2011) established that journalists who engage in peer support, maintain a sense of meaning and purpose, as well as a sense of control over professional tasks feel better equipped to manage workplace trauma exposure.

Whilst strategies such as exercise helped manage the physiological effects of excessive stress reactions, tactics such as reading, reflecting and talking with others both helped manage the after effects and stimulated a process of self-evaluation. This was

especially evident in the experiences of Hilary and of Cameron. Hilary described her experience of reflection, or deliberate rumination that assisted her to manage the experience of extreme fear that she experienced in the field. Her description of the chipped tooth depicts something that is broken, and needs to be gotten used to; integrated into a new sense of self that includes an extreme experience of fear. Deliberate rumination has been found to be related to PTG (e.g., Morris & Shakespeare-Finch, 2011; Taku et al., 2009).

I still think about my time at Sangin Fulod, almost every day…It's like if you chip your tooth, you keep running your tongue over it, to get used to it. I just think about it. It's a reference point. It was the most frightened I've ever been in my life (Hilary)

Whereas this example identifies a solitary form of reflection, another participant in Study 2, Cameron discussed being stimulated into reflection through another person. Being confronted by a suggestion he might have PTSD from an event that occurred 20 years prior, Cameron experienced a process of existential re-evaluation as this information caused him to view himself in a new and different way. The experiences of Hilary and Cameron demonstrate that these journalists were active participants in managing their longer-term trauma exposure outcomes, and have the capacity to engage in self-reflection that is the pre-cursor to existential change. The changes referred to include a new sense of self that incorporates novel information about who they are posttrauma. Some of these changes are positive and within the realm of posttraumatic growth.

Posttraumatic growth including cohesive trauma narrative and enhanced journalist role

A key finding of this research is the confirmation of the experience of salutogenic outcomes as measured by posttraumatic growth (PTG) amongst journalists in Study 1, and interview data of Study 2. The salutogenic outcomes discussed in the interview data include; *closer relationships with others, being more reflective, and increased empathy.* Two subsets

of the salutogenic phase shown in *Figure 8-4* are cohesive trauma narrative and enhanced

journalist role. Corroborating the qualitative data, the quantitative data established evidence

of the PTG domains of; personal strength, spiritual change, relating to others and new

possibilities amongst the study group. These aspects of change are consistent with Calhoun

et al.'s (2013) model of PTG, however, the current framework extends this model by adding

specific change related to workplace functioning – enhanced journalist role. Curiously, the

only domain not reported as an outcome of PTG as measured by the PTGI (Tedeschi &

Calhoun, 1996) in the survey data from Study 1 was the domain appreciation of life. This

domain includes three questions about appreciating each day, changed priorities regarding the

importance of life, and an enhanced value of life. It is possible that being asked specific

questions about the importance of one's own life is not at the fore of journalists thinking in a

professional context. The role of a reporter is to focus on 'other' rather than themselves, and

indeed the job role demands that journalists be objective and remove their own experience

from what they are reporting on. Therefore, being asked direct questions about the value of

one's own life may seem too self-serving, especially when a traumatic work-related event is

in mind. Regardless of this, the interview data reveal that when not asked directly about this,

journalists discussed an enhanced appreciation of life. For example, Darren explicitly

referred to appreciating his own life, and becoming more optimistic when he compared

himself to those he reported on.

A closer examination of the journalist's experience of growth reveals that some

journalists were able to move through the process of growth, to an eventual outcome of

growth that included a cohesive trauma narrative. The notion that growth is both a process

and an outcome is consistent with the theory of PTG as proposed by Tedeschi and Calhoun

(1996). A cohesive trauma narrative is where the person is able to consciously integrate their

traumatic experience into who they are as a human being now, and make sense of what the

event, and ensuing outcomes meant for them now. In the context of growth, it means being able to articulate the positive changes that have occurred. Keats (2010) proposes that an important basis for understanding journalist's posttraumatic experience is the appreciation that people generally, and journalists in particular, use language and metaphorical descriptions to make sense of events that happen to them. Creating a cohesive narrative by utilising these mechanisms helps to make sense of the event, clarify its meaning, and hopefully to integrate the experience into the individual's new posttrauma reality. In *Figure 8-4*, the theme of cohesive trauma narrative is represented by an open ended symbol. This portrays the idea that such a narrative continues to develop and change as the traumatic event, and the person's experience and understanding of it, changes over time. This is best explained in Hilary's reflection that she could understand her current experience as it was now, but didn't know how she would view it, or herself in years to come. Further, Hilary's statement that she cannot perceive herself without the exposure to the things she has seen – good and bad. Her metaphor that her experiences *have run wires through* [her] *thinking and body* indicates the integration of the event/s into her sense of meaning about who she is at a very deep level.

> *I would do it all again, the good and the bad. I could not imagine myself without*
>
> *the richness of what I have seen. It has run wires through my thinking and my body.*
>
> *I could not isolate or unpick it, even if I tried. It is part of me now (Hilary)*

8.2 Clinical and organisational implications of the research

There are a number of clinical and organisational implications that can be drawn from this research and the model that has emerged from the data. The first is that there is an alternative, posttrauma trajectory to a purely pathogenic one. The majority of existing interventions are based on research identifying pathogenic outcomes for trauma exposed persons (e.g., Brewin et al., 1996; Foa & Kozak, 1986), and whilst this research supports

those findings, it also confirms the presence of posttraumatic growth. On this basis, clinical and organisational interventions with journalists should consider such change as a valid pathway, especially for those seeking support after an extended period of time.

The second clinical and organisational implication is that peritraumatic distress can be understood as a potential for growth, especially when the individual has experienced both personal and work related trauma. Such a context should provide therapeutic interventions that foster the cognitive processing that promotes the eventual management of posttrauma distress.

The third implication is that therapeutic and organisational interventions which consider a broad range of trauma exposure possibilities will be beneficial. Consideration given to Type 1 trauma exposure (one off, short lived trauma such as being part of or witnessing a vehicle accident), and Type 2 trauma (prolonged exposure such as long-term sexual abuse) (Terr, 1991) will be useful for media professionals. The implications of Type 2 trauma are especially pertinent because, as the current study found, it is not uncommon for media professionals to experience prolonged and repeated exposure of multiple events. Therefore, clinical techniques that deal with complex trauma outcomes should be especially considered. Organisations would do well to include provisions to mitigate as much as is realistic against both Type 1 and Type 2 trauma exposure, and certainly establish post-exposure processes that consider both types of exposure.

Further, interventions that explore the subjective experience of the individual, especially the existential dilemmas of the journalist should be considered. Whilst current, best practice trauma therapies tend to be cognitive-emotional focussed therapies, opportunities for exploring existential challenges may offer additional benefits for journalists.

Finally, organisational training that includes preparation for exposure to potentially traumatic events; skills to manage peritraumatic distress and posttrauma outcomes may be

beneficial. Encouraging supportive social support, such as peer support that facilitates supportive disclosure also seems beneficial to those in the study. Whilst skills that help journalists manage their psychological reactions, training that assists journalists to understand the importance of their professional role, and which gives them greater capacity to comprehend, manage and re-frame their experience seems most beneficial.

8.3   Methodological considerations and directions for future research

The current research is ground-breaking in that it is the first known mixed-method study on both posttraumatic stress and posttraumatic growth outcomes amongst Australian journalists. The research is also novel in that it examined these factors amongst various characteristic groups within the media profession (reporting medium, work status, trauma/stress trained personnel, and war reporters). Moreover, it is also the first study to examine a group of trauma exposure and trauma outcome variables in the one model to predict PTG. Nonetheless, the research has some limitations.

A significant limitation is that the overall sample size was not large, and the characteristic groups yielded even smaller comparison sizes, thus limiting the power to assess the true effect of the samples. This was especially true for the SEM. Although the sample size was acceptable, for SEM, the analysis is more robust the larger the sample size. Further, the use of a self-report, cross-sectional design was also potentially problematic, as it is a subjective view of the responder, at only one point in time, and does not render observable, independent data over a long period (Spector, 1994). The use of a convenience sample, and not a random or representative sample for the research also limits its applicability to the more general journalists' population, and means that the sample, and outcomes, are limited to the present sample. Therefore, it is important not to read these results as being representative of all journalists.

In regard to the characteristic groups, the 'trauma and stress education' group was especially restricted because there was no clarification in the study as to what this meant, other than ask the question if journalists had experienced it. This may be comparing participants that had read an article about trauma and stress management, with people who had undergone an extensive training program. Moreover, the war reporters group was limited as there was potential to be comparing war reporters who covered one or a few conflicts, with career reporters. This lack of clarification may impact on the assessment of trauma exposure levels (single or accumulative). Further research is needed for fully understand discrepancies in experiences of the different groups In particular, further investigations of trauma responses amongst freelancers would benefit from the use of a more robust measure of peritrauma than the dichotomous measure used in the present research.

Finally, response rates could not be obtained from the online survey used to collect data in Study 1. Not being able to report response rates sheds little light on the accuracy of the data collected. Nonetheless, the findings serve an important purpose in that they set the ground work for further research on media professionals in relation to posttraumatic stress symptomology and PTG.

The current study provides a new foundation for future research. Regarding pathogenic effects amongst journalists, the present study could be extended by use of clinical interviews rather than self-report measures. Using interviews would elicit more particular diagnostic information. Undertaking longitudinal research, rather than cross-sectional research would also allow for a more comprehensive analysis of the group of concern. Longitudinal designs assist in examining changes over time, which allows for a more comprehensive, and accurate picture of the trauma experiences of reporters.

The current research has focussed predominantly on the resilience of media professionals by examining their individual characteristics. Further research would be

enhanced by exploring the impact of group and social cohesion of media professionals and resilience.

Additional research on the various characteristic groups of journalists with a larger and more representative sample sizes would also clarify the data. To examine war reporters specifically, further research should clarify the categories of war reporters to enable better comparison. To explore the impact of training and education, future research could establish a clearer delineation around types of trauma and stress education experienced; over what period, and how the training was delivered. The SEM model, and the final framework presented in the current research are both preliminary, and future work is warranted to establish the components and pathways proposed.

8.4   Conclusion

The current research has investigated both pathogenic and salutogenic trauma experiences of a convenience sample of Australian trauma reporting journalists, especially comparing specific characteristics groups in the profession such as reporting medium (print, broadcast, camera operators and editors), work status (freelance and staff reporters), war and non-war reporters, and trauma trained and non-trauma trained personnel. Whilst the findings should be read with caution because of the reasonably small sample size, overall, the findings establish that media professionals experience significant levels of salutogenesis, specifically measured by PTG. This is especially true if journalists belong to the characteristic groups of camera operators, freelancers, war reporters or those who are trauma awareness trained. The outcomes suggest that being in one of these groups or their comparative cohort groups is not a vulnerability factor for pathogenic PTS symptomology, except for being a freelancer which is a vulnerability factor for significant peritraumatic fear. The subjective experience of trauma reporting is rich and complex. Journalists that have the ability to confront existential challenges, especially those that create a dilemma between one's personal and professional

role, and have the capacity to cognitively process traumatic experiences, are more likely to experience PTG.

When examining a predictive model of PTG amongst all study participants, male gender, personal trauma history, work related trauma severity, and peritraumatic distress were found to predict PTG. PTSD symptomology did not predict PTG. Finally, the qualitative data established that both personal and professional motivations for being a reporter, personal preparation for trauma exposure, and managing personal and professional existential challenges lead to PTG.

On the basis of the current findings it is therefore proposed that posttraumatic psychological injury, such as PTSD or PTS symptomology, and PTG, involve different mechanisms. That is, in the face of overwhelming threat and stress, PTSD is a very specific biological response that can be mitigated by controlling fear and other peritraumatic responses. It is proposed therefore that PTG is part of a broader set of outcomes which include cognitive processing of distress, and at times a confrontation with existential outcomes that include how journalists interpret, manage and understand both the traumatic event, themselves as individuals, and their own subsequent reactions over time. Therefore, recognizing the potential for constructive changes in the face of trauma exposure for media professionals is important in helping journalists and organizations work towards an understanding of the stresses of their work.

Appendix A

Informed consent and invitation to a study on media professionals

You are invited to participate in a study conducted by Cait McMahon, from Swinburne University of Technology, under the supervision of Dr Glen Bates. The study aims to understand the impact of work-related trauma exposure on media professionals (journalists, camera operators, broadcasters, editors and others) and factors that relate to posttraumatic stress outcomes and posttraumatic growth. Posttraumatic growth is positive outcomes that may emerge from trauma exposure.

There are two parts of the study. Study 1 is a survey that follows on from this information. Study 2 is a face-to-face interview which examines your experience in more detail. You can choose to be part of Study 1 and 2, or just Study 1. If you are interested in being part of Study 2, then please indicate your interest at the end of this survey.

What will I have to do in this study?

You will be asked to answer mostly multiple choice questions regarding professional and personal exposure to potentially traumatic events, the ways you have managed this exposure and its effects, reactions that people sometimes have following exposure, and demographic questions.

You are asked to only participate in this study if you believe that you have been exposed to a traumatic event as defined by: *A traumatic event is defined as – 1) Personally experiencing, witnessing, or confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. 2) Your response involved intense fear, horror or helplessness.*

- Participation in this study is entirely voluntary
- You may choose to stop being involved in the study at any time
- Your identity will be anonymous unless you stipulate otherwise
- You may contact Cait McMahon at cmcmahon@swin.edu.au or Dr Glen Bates gbates@swin.edu.au if you have any questions or concerns about this study
- This study has been given ethics approval by Swinburne University (HESC-SBS project 01/04). If you have any ethical concerns about this study please contact Mr. Keith Wilkins at kwilkins@swin.edu.au

What are the risks being involved in this study?

There are no physical risks being involved in this study although emotional distress may arise. In studies of traumatic stress a minority of participants do experience unexpected upset or emotional distress. If this is the case and you wish to seek emotional support, please call **Lifeline on 13 11 14.**

What are the benefits?

There are no direct known benefits to you being involved in this study, however your results will help further understanding about the impact of trauma exposure on media professionals.

To begin the survey please indicate whether you agree with the above conditions.

☐ Agree

☐ Disagree

Demographics

What is your gender?

☐ Female

☐ Male

What is your ethnic background?

☐

How old are you?

☐ Years

Partnership status: are you

☐ Single (never married, separated, divorced

☐ Partnered (married, de facto, other)

How long have you worked as a journalist?

☐ Years

Are you freelance or staff?

☐ Freelance

☐ Staff

What is your primary occupation?

☐   Photojournalist

☐   TV Reporter

☐   Cameraman

☐   Video journalist

☐   Radio Reporter

☐   Editor

☐   Other (please specify)

[   ]

Have you ever had psychological training or education on work related trauma or stress exposure, and stress management techniques?

☐   Yes

☐   No

Was this offered by your employer?

☐   Yes

☐   No

Section 1 - Questionnaire

Please indicate how often you have experienced the following events in the course of your job. Reflect on your career and estimate the number of times you have covered the following events. For example, if you cover a certain type of story on a weekly basis, over a 3 year period then your response would be "156" for 'How often' and "3 years" on 'Over what period of time'. If a single event fits under multiple categories, you can count that event more than once.

		How many?	Over what period of time? (Years)
1	Number of times responding to an assignment involving an injured or dead child?		
2	Number of times responding to an assignment involving mass causalities?		
3	Number of times responding to an assignment involving a motor vehicle accident?		
4	Number of times responding to an assignment involving an aeroplane accident?		
5	Number of times responding to an assignment in which people are hurt or killed in a fire?		
6	Number of times responding to an assignment involving a war zone?		
7	Number of times responding to an assignment involving a subjects life threatening disease?		
8	Number of times responding to an assignment involving murder?		

		How many?	Over what period of time? (Years)
9	Number of times responding to an assignment involving physical assault within the family?		
10	Number of times responding to an assignment involving physical assault outside the family?		
11	Number of times responding to an assignment involving sexual assault?		
12	Number of times responding to an assignment involving torture, kidnapping?		
13	Number of times responding to an assignment in which people are hurt or killed in a natural disaster?		
14	Number of times responding to an assignment involving other types of events in which people are hurt or killed?		

Next - Please answer yes or no to the following questions

15	Did you cover any of the events listed above "at the scene"?	☐ Yes	☐ No
16	Have you responded to several similar assignments listed above in the same week?	☐ Yes	☐ No
17	Were you ever physically attacked while covering an assignment?	☐ Yes	☐ No
18	Were you ever verbally threatened while covering an assignment?	☐ Yes	☐ No
19	Have you received injuries due to covering an assignment?	☐ Yes	☐ No
20	Did you ever witness someone hurt or killed whilst covering an assignment?	☐ Yes	☐ No
21	Have you ever personally announced news of death to relatives/friends of the victim while on an assignment?	☐ Yes	☐ No
22	Did you ever witness a particularly gruesome scene while covering an assignment?	☐ Yes	☐ No
23	Have you ever responded to an assignment in which the victim / perpetrator was someone you knew?	☐ Yes	☐ No

24 Of the events listed above, **which event** was the most stressful or upsetting to you? Please identify the event, and then use this event to answer questions 25 -28 and questions in part 2. (See over page for more options.)

a. dead / injured child ☐

b. mass casualties ☐

c. automobile accidents ☐

d. airplane accident ☐

e. fire ☐

f. war zone ☐

g. life-threatening illness ☐

h. murder ☐

i. physical assault outside family ☐

j. physical assault inside family ☐

k. sexual assault ☐

l. torture, kidnapping ☐

m. natural disaster ☐

n. other gruesome scene ☐

Peritraumatic distress – related to Q24 above

25	Upon responding to this identified event, did you feel intense fear?	☐	Yes	☐	No
26	Upon responding to this identified event, did you feel intense horror or disgust?	☐	Yes	☐	No
27	Upon responding to this identified event did you experience intense helplessness?	☐	Yes	☐	No
28	Did you have the opportunity to write about this event	☐	Yes	☐	No

Section 2

With the stressful event in mind, please answer the following questions.
Over the last MONTH I have experienced…

	1 Not at all	2 A little bit	3 Moder'ly	4 Quite a bit	5 Extremely
1. Repeated, disturbing memories, thoughts, or images of a stressful experience?					
2. Repeated, disturbing dreams of a stressful experience?					
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?					
4. Feeling very upset when something reminded you of a stressful experience?					
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience?					
6. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?					
7. Avoiding activities or situations because they remind you of a stressful experience					
8. Trouble remembering important parts of a stressful experience					
9. Loss of interest in activities that you used to enjoy					
10. Feeling distant or cut off from other people					
11. Feeling emotionally numb or being unable to have loving feelings for those close to you					
12. Feeling as if your future will somehow be cut short					
13. Trouble falling asleep or staying asleep?					
14. Feeling irritable or having angry outbursts?					
15. Having difficulty concentrating?					
16. Being "super-alert" or watchful, or on guard?					
17. Feeling jumpy or easily startled?					

Below is a list of experiences that people often have after being exposed to a traumatic event. With your chosen event in mind, please answer the following questions about what has changed in your life.

	0 Not at all	1 To a very small degree	2 To a small degree	3 To a mod'ate degree	4 To a great degree	5 To a very great degree
1. My priorities about what is important						
2. An appreciation for the value of my own life						
3. I developed new interests						
4. A feeling of self-reliance						
5. A better understanding of spiritual matters						
6. Knowing that I can count on people in times of trouble						
7. I established a new path for my life						
8. A sense of closeness with others						
9. A willingness to express my emotions						
10. Knowing that I can handle difficulties						
11. I'm able to do better things in my life						
12. Being able to accept the way things work out						
13. Appreciating each day						
14. New opportunities are available which wouldn't have been otherwise						
15. Having compassion for others						
16. Putting effort into my relationships						
17. I'm more likely to try and change things that need changing						
18. I have a stronger religious faith						
19. I discovered that I am stronger than I thought I was						
20. I learned a great deal about how wonderful people are						
21. I accept that I need others						

This part of the questionnaire relates to your personal life. Please answer these questions if you have experienced these events **outside** of your role as a journalist, in your **personal life**.

I have witnessed or experienced a natural disaster; like a bushfire, flood or earthquake.	☐ Yes	☐ No
I have witnessed or experienced a serious accident or injury.	☐ Yes	☐ No
I have witnessed or experienced a life threatening illness happening to me, a close friend or a family member.	☐ Yes	☐ No
I have witnessed or experienced the death of my spouse or child.	☐ Yes	☐ No
I or a close friend or family member has been the victim of a terrorist attack or torture.	☐ Yes	☐ No
I have been involved in combat or a war or lived in a war affected area.	☐ Yes	☐ No
I have witnessed or been attacked with a weapon other than in combat or family setting	☐ Yes	☐ No
As a child/teen I was hit, spanked, choked or pushed hard enough to cause injury	☐ Yes	☐ No
As an adult, I was hit, choked or pushed hard enough to cause injury	☐ Yes	☐ No
As a child/teen I was forced to have unwanted sexual contact.	☐ Yes	☐ No
As an adult I was forced to have unwanted sexual contact.	☐ Yes	☐ No
As a child or adult I have witnessed someone else being forced to have unwanted sexual contact	☐ Yes	☐ No
I have witnessed or experienced an extremely stressful event not already mentioned. Please Explain:	☐ Yes	☐ No

If you are willing to participate in Part 2 of this study, then please fill out you contact details below. By filling out these details you will be giving consent for the researcher to contact you to discuss your experience of covering traumatic stories in more detail. This interview will occur face to face.

Name………………………………………………………………………………………

Address……………………………………………………………………………………

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Thank you for participating in this research.

Appendix B

Example of second stage of thematic data analysis

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