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In the Aftermath of a Massacre: Traumatization of Journalists Who Cover Severe Crises

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ABSTRACT Covering crises comes with its risks for the messengers. While journalists on the scene of a crisis may see gruesome details that remain stuck in their minds, those working at the head office may be exposed to distressing descriptions of dead bodies or extreme cruelty when interviewing victims or editing graphic pictures. In the worst case, both types of exposure may lead to severe long-term psychological impairment. This chapter focuses on the mental health of news journalists working with sudden and unexpected crises. It provides an insight into the issue from the fields of psychotraumatology and journalism. The chapter discusses the most common forms of trauma-related psychological disorders, with a focus on post-traumatic stress disorder (PTSD). By using examples from the authors' studies on several man-made crises in Nordic countries, including a truck rampage case, school shootings, and a terror attack, the chapter summarizes the central factors that put journalists at risk for trauma-related problems. One of these, an inner conflict between carrying out journalistic duties and showing enough respect towards crisis victims, is presented in more detail. The authors conclude that pro-active work by media organizations can both prevent long-term psychological impairment in their employees and diminish the risk of journalists causing additional harm to crisis victims.

KEYWORDS Crisis journalism, PTSD, Ethical dilemmas, Newsroom guidelines, Reporters

1 INTRODUCTION

I was asked to drop everything ... and just rush there to start working, right away after the attack had happened. I ran towards the scene, in the opposite direction of everyone else, meeting streams of crying people and policemen urging the crowd to ‘run away!’

These are the words of a news reporter who worked on a report of a truck rampage attack in Stockholm, Sweden, in 2017. The journalist participated in a recent study in which we asked 230 journalists about their experiences during the assignment (Backholm, Idås, Korhonen, & Söderberg, 2020). During the attack, a sole perpetrator stole a truck on a weekday afternoon and drove it down one of the main shopping streets in central Stockholm, causing sudden panic and destruction among shoppers – and five deaths (Swedish Contingencies Agency, 2018).

While the attack is an extreme case, the citation above illustrates well what both employers and the public expect journalists to do in a crisis. The journalist’s role is often, in one way or another, to start working on gathering information and building a comprehensive picture of the situation. During such assignments, the journalist should take into account both what the public needs to know, and which interviews or other material is needed to get the message through – in addition to the possible psychological consequences such work can have, both on the employees themselves and on those the journalist meets during these assignments (Englund, 2018; Simpson & Coté, 2006).

This chapter focuses on how journalistic work in crises may lead to psychological harm, and on how such harm may be prevented in newsrooms. It takes a somewhat different approach to other chapters in the book as it focuses on journalists’ own health, rather than on how they write about health. The chapter is positioned at the intersection between psychotraumatology and journalism and aims to bring knowledge from these fields together. Its main emphasis is to present research conducted on journalists in the trauma field, and to provide journalists and media organizations with some normative advice on how to prevent psychological impairment in the newsrooms.

The authors summarize relevant results from existing literature reviews and other previous research on the topic. We link these to practical examples from our former studies on e.g. a terror attack in Norway in 2011 and two school shootings in Finland in 2007 and 2008, as well as to a new study on the terror attack in Sweden in 2017 (see Table 1 for an overview of these studies). From our research, we highlight two factors in more detail: ethical dilemmas as a potential risk factor for

trauma-related problems, and the role of social support as a buffer for such problems. The remainder of the chapter is guided by three general research questions:

RQ 1. How is long-term psychological impairment after crisis assignments manifested in news journalists?

RQ 2. What are the central occupation-specific risk factors for trauma-related long-term impairment in news journalists?

RQ 3. Which practices and strategies can editors and journalists implement before and after an assignment in order to prevent trauma-related long-term impairment?

The chapter is limited so that it focuses on journalists who work with varying types of news in non-conflict surroundings, and where one may be assigned to cover a crisis if such an event occurs. Specialized war correspondents and journalists who are continuously deployed to conflict zones are excluded. The potential

TABLE 1 Overview of authors' previous and ongoing studies referred to in this chapter

Crisis case	Method and sample	Main study aims
Truck rampage attack, Stockholm, Sweden ¹	Survey, <i>N</i> = 230 Swedish news journalists	The effect of ethical dilemmas and social support on post-traumatic stress
Terror attack, Utøya, Norway ²	Survey, <i>N</i> = 375 Norwegian news journalists	The effect of social support on post-traumatic stress and post-traumatic growth
School shooting, Jokela, Finland ³	Survey, <i>N</i> = 196 Finnish news journalists	The effect of trauma history on post-traumatic stress, depression and burnout
Terror attack, Utøya, Norway ⁴	Survey, <i>N</i> = 371 Norwegian news journalists	The effect of ethical dilemmas and work-related guilt on post-traumatic stress
School shootings, Jokela and Kauhajoki, Finland ⁵	Semi-structured interviews, <i>N</i> = 28 Finnish news journalists	The effect of ethical dilemmas and public criticism on psychological well-being

¹ Backholm, Idås, Korhonen, & Söderberg, 2020

² Idås, Backholm, & Korhonen, 2019

³ Backholm & Björkqvist, 2012

⁴ Backholm & Idås, 2015

⁵ Backholm, Moritz, & Björkqvist, 2012

impact of trauma on this subtype of journalists is indeed worth discussing, but as these have different working conditions in terms of e.g. safety training before an assignment, or workplace support during such work, including them alongside “other” journalists is beyond the scope of the chapter. However, for comparison, some figures related to war and conflict journalists have been included throughout, where relevant.

2 WHY WE SHOULD CARE ABOUT TRAUMA AND JOURNALISTS

Before discussing the first research question, it is worthwhile discussing briefly why the issue of psychological impairment in journalists is important. We know that most news journalists will work with an unfolding crisis at some point during their career (Smith, Newman, & Drevo, 2015). Such work may take place on the actual scene during the acute phase of the event, as in the Stockholm case, or back at the head office when listening to upsetting eyewitness accounts during phone interviews or studio live broadcasts. Journalistic crisis work may also be in the days or weeks following the crisis, when one may meet victims’ families for an interview. These work tasks are all examples of exposure that may cause temporary psychological unease or distress for the journalist, or even become a long-term problem (Aoki, Malcolm, Yamaguchi, Thornicroft, & Henderson, 2013; Simpson & Coté, 2006). From a workplace health viewpoint, it is thereby important to promote a better understanding of the possible consequences of work during acute crises.

Although most journalists work with crises at some point, only a minority are specialized war correspondents or conflict zone reporters. Most journalists work like the one in the attack cited above – that is, with news assignments in general in organizations where high-stress cases are the exception rather than the rule (Smith et al., 2015). Both specialized conflict reporters and other journalists should be offered relevant organizational crisis assignment preparation and support systems – but for the latter group, such support may often be underdeveloped, or organizations ill prepared. Understanding how journalistic work in crises may affect the employee’s well-being is also important from this perspective, as additional information will allow media organizations to build better strategies to support their employees.

Furthermore, it can be argued that the potential risks related to journalists’ exposure to crises are not limited to increased stress only in journalists, but also may affect primary victims of crisis negatively. Primary victims are individuals who experienced the crisis in person and are at risk of developing trauma-related

psychological disorders afterwards. Some studies suggest that for a subgroup of them, meeting journalists in the direct aftermath of the crisis can add to their psychological stress (Englund, Forsberg, & Saveman, 2014; Raittila, Koljonen, & Väliverronen, 2010). Victims have reported, for example, that a journalist's stressful behaviour or an experience of the published media content not reflecting the interviewee's actual experience has added to their distress after the crisis (Glad, Thoresen, Hafstad, & Dyb, 2018; Haravuori, Suomalainen, Berg, Kiviruusu, & Marttunen, 2011). Such effects of a journalist's behaviour can at least partly be explained by several factors related to the rapid pace of journalistic production during the acute crisis phase, such as tight deadlines. However, if a journalist becomes personally distressed during the assignment, this may increase the risk of problems during meetings with primary victims (Simpson & Coté, 2006). Therefore, a better understanding of the effects of potentially traumatic exposure on journalists will also indirectly promote the healing process for those directly affected.

3 CRISIS EXPOSURE AND PSYCHOLOGICAL TRAUMA IN JOURNALISTS

The first research question asks how long-term psychological impairment following crisis assignments may be manifested in news journalists. To answer that question we first need to look at what actually can lead to crisis-related psychological problems for a journalist. In psychotraumatology, exposure to distressing content is usually called potentially traumatic exposure (PTE). The American Psychiatric Association (2013, p. 271) defines such exposure as “exposure to actual or threatened death, serious injury, or sexual violence”, by directly experiencing, witnessing in person, or learning about this event happening to a close family member or friend. In other words, the person can either have been the direct or indirect target of violence. This means that for a journalist running towards a crisis scene, such as in the case cited in the introduction to this chapter, a PTE may be either a direct threat or attack on the journalist during the assignment, or cruelty that the journalist witnesses as it occurs to someone else.

Of particular applicability to journalists is also how the American Psychiatric Association (2013, p. 271) defines PTEs for occupational groups working with crises. In addition to experiencing or learning about a distressing event, watching pictures from it also falls within the PTE exposure criteria. Work-related “repetitive or extreme exposure to aversive details of the traumatic event(s)” via electronic media, television, and pictures is mentioned as potentially harmful. In other words, office-based journalists who, for example, repeatedly edit pictures

of dismembered body parts from a crisis scene or listen to gruesome stories about violence in interviews are exposed to PTEs (Backholm, 2016). It is the “repetitive or extreme” part that makes the occupational exposure different than exposure for ordinary citizens in that a journalist may be exposed to many, uncensored pictures at work (Horesh, 2015).

What, then, are the most common forms of long-term impairment in journalists? To date, a clear majority of studies have focused on post-traumatic stress disorder (PTSD; Aoki et al., 2013; Smith et al., 2015). We therefore have relatively detailed information about this anxiety-related disorder compared to other types of possible impairment such as depression, burnout and substance abuse (MacDonald, Saliba, & Hodgins, 2016; MacDonald, Saliba, Hodgins, & Ovington, 2016). This emphasis on PTSD is, however, not unique to journalism samples, and is perhaps not that surprising. The PTSD criteria require an initial exposure to a PTE, while the other types of psychological distress mentioned above may also occur due to other types of personal distress, such as an overwhelming workload over long periods of time.

As PTSD has been so central in studies of journalists, in the following section we will briefly discuss the disorder. As PTSD is a form of long-term disorder, it can be diagnosed at the earliest when four weeks have passed since the exposure. To obtain a full diagnosis, a person needs to suffer from four subtypes of symptoms. These are divided into two main groups, reflecting strong involuntary recollections of the event and strategies the person develops as an attempt to avoid such recollections. For example, a journalist could at any time be overwhelmed by involuntary and distressing flashbacks of the assignment, and to avoid these stop visiting places or interacting with people who might trigger the flashbacks. Such symptoms must be present for at least a month and be severe enough to affect everyday activities negatively (American Psychiatric Association, 2013). The symptom subtypes can be summarized as follows:

- a) Intrusive, recurrent and distressing recollections of the event, such as involuntary memories, dreams or flashbacks of the event
- b) Persistently avoiding internal or external stimuli related to the event, such as memories or thoughts, or places and individuals
- c) Negative changes in arousal or reactivity, such as hypervigilance, problems with concentration or sleep, or aggressive outbursts
- d) Persistent negative changes in cognition or mood, such as worsened mood, negative thoughts about oneself or the world, or loss of interest in social interactions

A journalist who does not reach a full PTSD diagnosis and “only” suffers from partial symptoms may still have severe problems in coping with an experience – and should naturally also be offered support (Idås, 2013; Smith et al., 2015).

Other psychological problems commonly linked to trauma exposure, such as depression or burnout, to a certain extent display similar symptoms to those listed above, such as negative changes in mood or lack of interest in daily activities (Breslau, Davis, Peterson, & Schultz, 2000). Journalists may also turn to alcohol or drug abuse as a sort of self-medication in order to cope with their PTSD symptoms (Feinstein & Starr, 2015; MacDonald, Saliba, & Hodgins, 2016). In some affected journalists, these disorders may occur alongside PTSD; in others, as the main form of problem following trauma.

We know that if we exclude war correspondents, approximately 0–13% of journalists suffer from distress severe enough to develop PTSD (about 0–35% if war correspondents are included; Aoki et al., 2013; Smith et al., 2015). However, these figures should be interpreted carefully for several reasons. First, relatively few researchers have chosen to study journalists, and the first scientific study was published as late as 1994, so the field is quite young (Simpson & Coté, 2006). Second, the types of crises and time passed since the event have varied between studies, so results are difficult to compare. For example, the overview by Smith et al. (2015) included crises such as natural disasters and school shootings. Third, as with any diagnosis of a psychological disorder, a PTSD diagnosis is a social construct and diagnosis criteria are continuously being developed. An extensive discussion about current controversies regarding the disorder is beyond the scope of the chapter, but can be found in e.g. Galatzer-Levy and Bryant (2013) and Horesh (2015).

We have measured PTSD prevalence in several large-scale crises in the Nordic countries. In the most recent one, the truck rampage attack in Sweden, we studied both journalists working on the scene and those who worked on the assignment from their head office. In this case, preliminary analyses showed that 5% of the journalists suffered from symptoms severe enough to fulfil PTSD criteria (Backholm et al., 2020).

We have previously found relatively similar figures in our previous studies with the 2011 terror attack in Norway and the 2007 Jokela school shooting in Finland. In the Norway attack the perpetrator was a male acting on his own, just as in the Stockholm case. He first detonated a bomb in Oslo city centre, and then continued to Utøya island outside Oslo, where he started a shooting rampage. The attack resulted in 77 fatalities. In the Jokela shooting, a male student in the school, situated outside Helsinki, opened fire on a school day. He killed eight people before taking his own life. As in the Swedish case, these crises were naturally followed

by extensive media coverage. In each case we collected data from journalists working on the crisis either on the scene or from their office. Nine percent of the Norwegian news journalists working on the terror attack fulfilled PTSD criteria ($N = 375$; Idås, Backholm, & Korhonen, 2019), and 12% of the Finnish journalists working on the school shooting ($N = 196$; Backholm & Björkqvist, 2012). While directly comparable figures for the general population or those directly affected by the above mentioned attacks are not available, studies have reported a lifetime prevalence of 5.6% in the adult general population in Sweden (Frans, Rimmö, Åberg, & Fredrikson, 2005) and of 4.3% (women) and 1.4% (men) in Norway (Lassemo, Sandanger, Nygård, & Sørgaard, 2017). A cautious estimation is thus that the number of journalists suffering from PTSD is lower than among primary trauma victims, but greater than in the general population. We can conclude that news journalists may be at heightened risk for potential trauma-related problems due to the expectations of their professional roles.

4 RISK FACTORS FOR TRAUMA-RELATED DISTRESS

The second research question in this chapter focused on occupation-specific risk factors for trauma-related long-term problems in news journalists. When discussing such factors, it is first important to note that a journalist who is directly exposed to a PTE also experiences the event as any other human being does (Backholm, 2016). This means that what we know about risk factors for the general population also applies for journalists. Extensive reviews of such factors have been provided by, for example, Brewin, Andrews and Valentine (2000) and Ozer, Best, Lipsey and Weiss (2003). These researchers found that some of the most common general risk factors in the adult population include having been previously exposed to other traumatic situations, experiencing strongly negative emotions or psychological reactions such as helplessness or dissociation during or right after the exposure, or avoiding dealing with one's experiences after stressful situations (i.e., avoidant coping strategies).

If we look at the risks explicitly linked to the specifics of journalistic work, previous psychotraumatology research has shown that several factors are of special interest in journalism samples. These include being directly threatened or harmed during the assignment (Dworznic, 2008; Idås, 2011), or witnessing a large amount of gruesome detail such as body parts or many casualties either at the crisis scene or as raw video/audio material in the office (Feinstein, Audet, & Wakinine, 2013; Feinstein & Starr, 2015; Weidmann & Papsdorf, 2010). Working with a crisis that comes close to the journalist's personal life, such as a domestic attack including many child victims while being a parent oneself, can also add

to the risk (Weidmann, Fehm, & Fydrich, 2008). In our study of Finnish journalists who worked with the Jokela school shooting, participants who were parents to school-aged children reported more severe stress reactions. This was the first school attack in 18 years in the country, and these parents described how they performed their work tasks while at the same time they worried about how they should talk to their children about the crisis after the workday was over (Backholm & Björkqvist, 2012).

Other risk factors for journalists include a high level of occupational stressors during the assignment, for example inconsistent leadership styles (Smith, Drevo, & Newman, 2018) or a high level of everyday stress in the workplace (Hatanaka et al., 2010; Weidmann & Papsdorf, 2010). Furthermore, greater levels of previous experience of crisis assignments, defined either as having carried out many assignments (Browne, Evangeli, & Greenberg, 2012; Lee, Ha, & Pae, 2017; Pyevich, Newman, & Daleiden, 2003), or as having many years of experience as a journalist (Newman, Simpson, & Handschuh, 2003; Simpson & Boggs, 1999), has been connected to an increased degree of psychological impairment. On the other hand, a low number of years within the trade has also been proposed as a risk factor as such journalists lack previous experience of crisis assignments (Backholm & Idås, 2015; Teegen & Grotwinkel, 2001).

Below, we focus in more detail on one risk factor that we see as especially relevant for journalists – the concept of ethical dilemmas. We choose to discuss this factor in detail since it describes well the types of problems journalists may be forced to face during crisis assignments and since we have studied dilemmas in several samples. Furthermore, ethical dilemmas are a good example of why media organizations and research scholars need to combine knowledge from the fields of psychotraumatology and journalism in order to understand trauma-related impairment.

Ethical dilemmas can be defined as problems caused by inner conflicts between acting as a good human being versus acting as a professional journalist during a crisis assignment (Backholm & Idås, 2015). One such dilemma may, for example, occur when a journalist does not want to approach those directly affected by the crisis due to the risk of causing additional harm – but feels the need to still do so since an interview is required in order to inform society about the incident.

The journalist experiences cognitive dissonance (as first introduced by Festinger, 1957; see also Harmon-Jones and Mills, 2019, for a discussion on contributions by later dissonance theorists and for a criticism of the theory) in which, in this situation, two contradictory sets of values clash with each other. The situation triggers discomfort and stress as the journalist is expected to continue working and needs to make a decision about how to proceed. To add to the stress, the journalist may

perceive that there is much at stake with this decision since making a false move could cause acute harm to others. In other words, ethical dilemmas challenge a person's central values of what is right or wrong. Such dilemmas may e.g. be rooted in the journalist's own underlying insecurity or lack of experience about how to carry out work tasks during crises in an ethical manner, or in how requirements or expectations from newsroom managers do not match the journalist's own view of how to carry out the tasks.

Journalists describe their situation and work pace during crises as going into a "hyper mode", switching on "an autopilot", or deploying a "professional shield" (Backholm, Moritz, & Björkqvist, 2012; Englund, 2008; Idås, 2013). This reflects how a typical journalist uses all their previous experience of rapidly gathering, verifying and editing relevant information for a media product under demanding circumstances. This professional shield also reflects the ability to focus entirely on the task at hand while simultaneously distancing oneself from potential distress related to the ongoing crisis (Backholm, 2016; Idås, 2013). Usually, this shield is "in place" until the acute phase of the assignment is over, when the journalist has a chance to calm down and think through what they have experienced. This may be when returning from the crisis scene to the office, or going home after an intense day at work.

In interviews we conducted with 28 Finnish journalists who worked at the scene during one or both school shootings that took place in Finland within the course of one year (Backholm, Moritz, et al., 2012), we investigated factors that may affect a journalist's professional shield. The first case was the Jokela shooting mentioned earlier in this chapter. In the second, which took place in Kauhajokki in mid-western Finland less than a year after Jokela, a male student at the school killed 10 other students and school personnel before taking his own life.

In the study, we found preliminary evidence that experiencing ethical dilemmas during an assignment may significantly disrupt a journalist's professional shield. We also found that if the shield is disrupted, a journalist may struggle to regain balance and continue with their ongoing tasks, thus losing valuable time. Furthermore, journalists described such experiences as distressing with a negative effect on psychological well-being. This supported previous results by, for example, Idås (2010), who studied Norwegian journalists working on the 2004 tsunami in Asia, and Englund (2018), who investigated Swedish journalists after a disastrous discotheque fire in 1996.

After the above-mentioned terror attack in Norway and the truck rampage attack in Sweden, we were able to study such dilemmas in more detail in samples

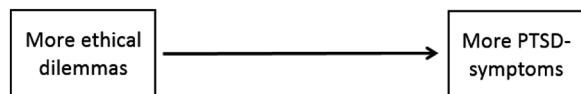
of 375 (Norway) and 230 (Sweden) news journalists (Backholm et al., 2020; Backholm & Idås, 2015). When investigating the association between experiencing dilemmas during the assignment and level of PTSD symptoms, we found that in the truck rampage attack, experiencing a greater number of dilemmas was clearly related to a greater level of psychological distress (see Figure 1). However, in the Norway case, dilemmas were not so problematic as such. It was rather the combination of dilemmas and subsequent guilt over being a journalist that predicted PTSD symptoms. In other words, journalists who had experienced inner conflicts between acting as empathic human beings versus as journalists while covering the attack, but who felt guilty about tasks they had carried out as a part of their professional role after the assignment, were at higher risk of developing PTSD (Figure 1). Previously, Browne et al. (2012) have linked guilt to PTSD in journalists, but the relation between dilemmas, guilt and impairment has rarely been investigated.

We also investigated work-related guilt in our preliminary analyses with the Swedish journalists, but in this case guilt did not affect the results (Backholm et al., 2020). As this is a new area of research, more studies are needed to conclude whether it is the dilemmas as such or the combination between them and subsequent guilt that is problematic for journalists. However, it seems clear that as a risk factor, dilemmas should be taken seriously.

Another question that we still do not have a clear answer to is which type of dilemma is most harmful to journalists. In our studies, we measured

Truck rampage attack in Sweden 2017

5 casualties
230 journalists in study
Participants worked on the scene or from home office



Terror attack in Norway 2011

77 casualties
371 journalists in study
Participants worked on the scene or from home office

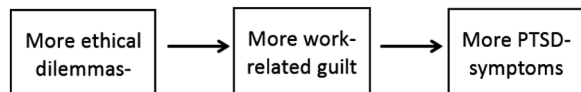


FIGURE 1 Two potential paths for how ethical dilemmas during journalistic crisis assignments may affect the level of subsequent posttraumatic stress symptoms.

- a) dilemmas rooted in a lack of knowledge about how to carry out crisis work tasks in accordance with ethical guidelines (knowledge-based dilemmas)
- b) dilemmas due to discrepancies between the journalist's and e.g. the newsroom manager's viewpoint about how to carry out the assignment (disagreement-based dilemmas)
- c) dilemmas generated from unexpected developments beyond the journalist's control (mistake-based dilemmas)

Knowledge- and disagreement-based dilemmas seem to be especially problematic for the journalist. They both reflect a cognitive dissonance in the journalist, but the underlying cause of the dissonance may vary between the two. The former type of dilemma may be difficult since it reflects a perception of not having the “right” professional skills for crisis assignments. The latter may again cause stress since the journalist is suddenly forced to choose between following their own moral compass or giving in to a conflicting viewpoint, especially if the “other” viewpoint is that of a manager or similar newsroom leader. However, we still do not have enough studies to conclude whether one of the two is more harmful for the journalist's psychological well-being in the long run, and again, further research is needed.

5 SOCIAL SUPPORT AND ETHICAL GUIDELINES AS PREVENTIVE ACTIONS

After this discussion about risk factors for psychological impairment, we now move on to discuss our third research question, “What practices and strategies can editors and journalists implement before and after an assignment in order to prevent trauma-related long-term impairment?”. In this section we also strive to provide some normative advice on how psychological impairment in the newsrooms may be avoided.

We begin by highlighting the importance of social support. Humans are social beings, and social support is the sense of belonging to a network that cares about you and that can provide support after setbacks. Different social networks can provide different types of support. For example, family and friends know a journalist as a person and thus understand that individual's personal needs, while colleagues know what it means to be a journalist. While the positive impact of social support as a protective factor against PTSD is well known in studies of trauma victims (Brewin et al., 2000), relatively few studies of journalist samples have investigated this factor.

Such studies have usually found that support has a positive effect (Aoki et al., 2013; Newman et al., 2003; Thoresen, 2007; Weidmann et al., 2008), while our study of the terror attack in Oslo/Utøya in 2011 showed a somewhat different picture (Idås et al., 2019). In the study we investigated how social support provided by managers or colleagues was associated with PTSD symptoms. We measured three subtypes of support: how many types of organized support the journalist received after the assignment (e.g., group meetings or discussions with workplace health personnel); perceived support, which concerns the degree to which the journalist felt that their organization has support systems available if needed; and recognition, the level of non-organized interpersonal acknowledgement received from colleagues after the crisis work, for example (Thoresen, 2007).

Interestingly, the results from the Norway study are somewhat contradictory to previous studies, at least at a first glance. The level of general perceived workplace support was not related to PTSD symptoms. In addition, journalists who had received more organized support, such as participating in group meetings or using workplace health services, also reported a greater level of PTSD symptoms – not the other way around (Idås et al., 2019). This result may indicate that in organizations where support systems were in place, they actually worked well: journalists who had higher levels of stress symptoms after the assignment were identified and were offered support measures. However, as the study had a cross-sectional design we were not able to investigate whether receiving social support actually helped the journalists with severe stress symptoms in the long run.

The third type of support we measured, unofficial recognition and encouragement from managers and colleagues about the assignment, was not related to level of PTSD symptoms. However, those who had received support at the workplace reported other types of positive changes after the assignment, so called post-traumatic growth (Tedeschi & Calhoun, 1996). Such changes concerned e.g. improved relationships or stronger self-reliance. The results from our previous studies show that for media organizations, it is (naturally) important to have social support structures in place and to be able to offer support following a crisis assignment. It is also vital, in everyday activities, to continuously inform workers about the available types of crisis support and to create a sense of a good, caring work environment. Furthermore, after crisis work, managers and colleagues should remember to acknowledge and thank those who have worked on the assignment.

As we previously presented the concept of ethical dilemmas in detail in this chapter (Backholm & Idås, 2015; Englund, 2018), we also want to propose some suggestions for preventive measures that may diminish the negative effects of

dilemmas. Based on the cognitive dissonance framework (Festinger, 1957; Harmon-Jones & Mills, 2019) and the knowledge gathered from our studies on ethical dilemmas so far, we see such preventive actions as something that is partly the journalist's own responsibility, and partly an organizational issue. As dilemmas concern conflicts between personal values and crisis-related work tasks (Backholm & Idås, 2015), each journalist should, as a part of their professional role, continuously build up a clear view of how to carry out work in a way that does not go against personal beliefs. This can be done by studying available ethical guidelines such as the codes of press ethics provided by journalism unions in the Nordic countries, and, as these are often formulated in a general manner, one should decide how guidelines can be implemented in one's own practical work tasks. Suggesting such a strategy may at first glance seem to be stating the obvious. However, as we mentioned previously in the chapter, most journalists only work with crises sporadically. There is therefore always a risk that the journalist does not take the time to continuously evaluate how crisis-related guidelines should be applied in their own work.

As mentioned above, ethical dilemmas can also be caused by conflicts between personal values and how the journalist's manager expects them to carry out tasks during crises. The rapid pace of production may prevent journalists from negotiating and solving potential collegial disputes during the ongoing assignments. To diminish these problems and as a preventive measure at the organizational level, we suggest that organizations ensure that their newsroom has office-specific ethical recommendations in place and that these are continuously implemented among workers. By doing this, the organization opens up for possible negotiations regarding contradicting views on how crisis work should be carried out – in a “safe” setting, and before any actual crisis assignment is at hand. Our suggestions for individual and organizational measures for the prevention of ethical dilemmas are summarized in Figure 2, along with some additional benefits an organization and its employees may obtain by implementing such strategies.

6 CONCLUSION

In this chapter we have argued that by carrying out their work during crises, journalists may be at a heightened risk of developing trauma-related psychological problems such as post-traumatic stress. The risks related to carrying out crisis-related journalistic assignments thus need to be taken seriously. We have also presented several risk factors for psychological stress and advice on how to prevent psychological impairment, with a special focus on the roles of ethical dilemmas and social support. Both factors show that individual and organizational

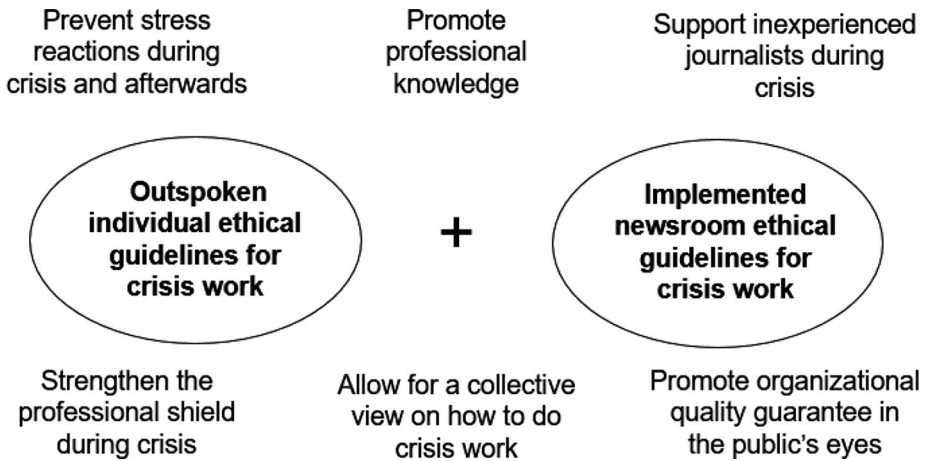


FIGURE 2 How individual and newsroom ethical guidelines promote journalistic crisis work and prevent ethical dilemmas.

preparedness for crisis assignments is crucial. Media organizations can – and have a responsibility to – ensure that support systems for employees are promoted. Such preventive strategies will be of benefit to the employed journalists as well as the survivors of the crisis, since

- 1) the employees can be sure that their organization has structures in place for taking care of them or their colleagues, if needed
- 2) the employees will know how they are expected to carry out the assignment without causing further harm to the primary crisis victims

As we have shown in this chapter, further research, preferably with a longitudinal study design, is still needed to better understand the central risk factors for PTSD for journalists. For instance, the risk pathways linking exposure to ethical dilemmas to greater psychological stress should be further clarified. How important is work-related guilt for this pathway? And how may other yet unstudied factors, such as receiving negative feedback from primary victims after the assignment, contribute?

Furthermore, future scholars should further investigate the relative importance of different workplace social support subtypes as protective factors against PTSD. While we are perhaps quick to assume that both organized social support, such as group meetings, as well as less fixed forms or support and encouragement, will be of importance after an assignment, studies of journalist samples have so far

reported varying results. Further research focusing in depth on the roles of social support subtypes may verify our current assumptions – and provide valuable information about how to handle the potential risks associated with journalistic crisis assignments.

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