CHAPTER 1

ORIENTATION, MOTIVATION AND AIDS

1.1 ORIENTATION AND MOTIVATION

There exists an integral interaction between individual temperament and individual response to stress and trauma. The temperament trait that has received a substantial attention with respect to stress and coping is neuroticism (Gomez & Francis, 2003). Neuroticism is conceptualised as a temperament trait associated with heightened sensitivity to negative stimuli, which influences behaviour, cognitions and mood such as anxiety and depression (Gunthert, Cohen & Armeli, 1999). Neurotic individuals are also likely to respond with denial and strong physiological and behavioural anger when experiencing stress (Boddeker & Stemmler, 2000). Other studies, such as Henning (1999, 2000) and Knoetze and De Bruin (2001), have implicated, apart from neuroticism, other personality variables that impact on individual response styles when exposed to trauma. Temperament also has an influence on how an individual will cope with certain stressful situations. High levels of coping have been found as a buffer variable against the development of post-trauma disorders, such as Posttraumatic Stress Disorder (PTSD) (King, King, Fairbank, Keane & Adams, 1998). This corresponds with research by Antonovsky and Sagy (2001) who found that there exists a negative relationship between a strong sense of coherence and anxiety responses in stressful situations. Sense of coherence is a disposition to view the world as manageable and predictable (Gibson & Cook, 1996).

There are various occupations that require individuals to confront or experience traumatic situations. Ambulance workers, rescue workers, policemen and journalists are amongst those occupations labelled as highly stressful and traumatic. These individuals have to deal with people who have been traumatised and, in the process, they risk being traumatised themselves. One disorder in particular that has been highly published as a consequence of trauma exposure, is
Posttraumatic Stress Disorder (PTSD). According to the American Psychiatric Association (1994) the fundamental feature of this disorder is the development of distinctive symptoms following exposure to an extreme traumatic stressor involving a personal encountering of an event that involves death, serious injury, or other threats to one's physical integrity; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. These features describe the possible risk involved in many occupations. Furthermore, some of the traumatic events that are experienced include military combat, violent assault, being taken hostage or severe automobile accidents.

PTSD has been highly researched in Vietnam combat veterans (Fontana, 1993). The development of this disorder involves biological, psychological and social factors. For example, not all combat veterans who experience extreme trauma will develop PTSD (Barlow & Durand, 1999). According to McNally (2003), identifying risk factors could provide possibilities on how the disorder could be prevented. Some South African studies have attempted to determine various vulnerability factors relating to the development of PTSD after exposure to trauma in policemen (Henning, 1999; Knoetze & de Bruin, 2001). These studies have indicated that personality is an accurate predictor of subsequent PTSD development in policemen. PTSD is a highly researched topic, but not much research has been done regarding this disorder in journalists. One South African qualitative study by Shulman (1997) did, however, indicate a need for quantitative information regarding certain vulnerability factors in journalists. The study had value, as it indicated that journalists have severe reactions to trauma and that they abide by a "macho ethic", where they are reluctant to share their emotional experiences. Many international studies have investigated trauma in journalists (Castle, 2001; Feinstein, Owen & Blair, 2002; Nnewman, Simpson & Handschuh, 2003; Pyevich, Newman & Daleiden, 2003; Simpson & Boggs, 1999; Teegen & Grotwinkel, 2001). Feinstein, Owen and Blair (2002) state that journalists who report on war have significantly larger amount of psychiatric difficulties than
journalists who do not report on war. The research even reports rates of PTSD in war journalists as being similar to those reported in combat veterans.

Some factors taken into account when measuring PTSD in journalists are type and frequency of highly stressful assignments and traumatic life events; depression; and coping style (Teegen & Grotwinkel, 2001). It is therefore clear that journalists work close to death, violence, and devastating tragedy. Journalists and their employers pay little attention to the terrible accretion of the effects of such work (Castle, 2001). Journalists often vent their stress through drinking and displays of anger (Simpson & Boggs, 1999). However, it needs to be noted that, apart from the factors mentioned above that could impact on individual vulnerability when experiencing trauma, cognitive beliefs and schemas also play a significant role (Pyevich, Newman & Daleiden, 2003). The essential foundation of the current study is that only a minority of trauma survivors will develop long-term PTSD. Different temperaments will indicate how individuals manage stress (Vollrath & Torgersen, 2000). A critical task is to discriminate between those trauma survivors who will suffer transient stress reactions and those who experience stress reactions that will persist into a long-term disorder (Bryant, 2003).

Based on the above, the motivation for the current study stems from the severe dearth of scientific studies in South Africa of the trauma effects experienced in journalists. Furthermore, there is a particular need for quantitative studies relating to PTSD and journalists' work related traumatic experiences. The lack of research also extends to determining what types of journalists are more vulnerable to the development of PTSD when exposed to trauma.

The research question posed for this study then, is: Are there statistically significant differences in trauma, temperament and sense of coherence between journalists with trauma reactions, which are minor, moderate and severe?
1.2 AIMS OF THE STUDY

Given the substantial amount of research available regarding PTSD in occupations such as policemen, war veterans and ambulance workers, a South African study addressing specifically temperament and coping as possible predictors of PTSD development after exposure to trauma, seemed feasible. The general aim of the study is to determine the temperament profile of a journalist who is vulnerable to the development of PTSD, based on an extensive analysis of literature available on the subject. This is done by discussing the origin of temperament and related studies as well as the discussion of PTSD and related theories.

The specific aim of the current study is to determine whether there are statistically significant differences between three groups of journalists, formed according to their scores on a measure of PTSD symptomatology. The three groups are: Group 1 (the minor reactions group) consisting of 10 people (20%); Group 2 (the moderate reaction group) consisting of 24 people (48%) and Group 3 (the severe reaction of clinical importance group) consisting of 16 people (32%). The variables measured are trauma exposure, temperament and resilience, ascertained by the Trauma Questionnaire (Marais, 2003), the Personality Assessment Inventory (Morey, 1991), the Zuckerman-Kuhlman Personality Questionnaire (Zuckerman, Kuhlman, Joireman, Teta & Kraft, 1993) and the Sense of Coherence Scale (Antonovsky, 1987).

The subject population, which is one of convenience, consists of 18 females and 32 males. The average age of the sample is 31.94 years. The subjects represent two types of journalists, namely general (N = 28) and specialist (N = 22). The subjects also form part of two distinct types of media streams, namely main stream and community stream. Regarding race, the sample has 45 White, 3 Black and 2 Coloured participants. The areas from which the sample is sourced are Pretoria (n=15), Middelburg (n=13), Cape Town (n=9), Johannesburg (n=3), Krugersdorp (n=3), Midrand (n=3), Springs (n=2) and Randfontein (n=2).
1.3 THE POSSIBLE IMPLEMENTATION VALUE OF THE STUDY

Although there have been extensive documentation on PTSD in journalists internationally, there have not been many South African studies investigating the topic. The literature is deplete of theory and research regarding the possibly significant impact individual temperament has on the manner in which individuals deal with stressful situations. The type of temperament that will make an individual vulnerable to the development of PTSD when exposed to a traumatic situation also needs to be researched.

Studies regarding this topic usually formulate two-tailed hypotheses. Thus, temperament may have an impact on the manner in which an individual deals with a stressful situation, but a stressful situation may also impact on the individual's expressed personality after the experience. Nevertheless, identifying vulnerabilities in journalists who report on crime and trauma is required to enable media organisations to implement stringent criteria for entrance into the field of crime reporting.

1.4 KEY CONCEPTS

There are four important concepts used throughout the study. These are temperament, personality, stress and Posttraumatic Stress Disorder (PTSD). The difference and similarity between temperament and personality will briefly be outlined as well as the relationship between stress and PTSD.

1.4.1 Temperament and Personality

There are many conceptualisations of the term personality and temperament. Factors such as biology, neurology, the environment and childhood experiences are included in the understanding of personality and temperament (Stuart, 1989). Theorists do, however, disagree to what extent these factors play a role in temperament and personality. Strelau (1994) argues that temperament is
biologically determined and is therefore a stable trait. Strelau (1998) says that where biology plays a strong role in defining temperament, social interactions and experiences have a strong impact on personality. There is, however, a reciprocal interaction between temperament and personality throughout the life span (Strelau, 1998). Chapter two addresses this issue in detail. This study will be concerned mainly with temperament and its interaction with stress.

1.4.2 Stress and PTSD

Stress is an individual reaction to situations that are perceived as unmanageable. Stress is viewed as a basic human survival reaction, which is inherited from our primordial roots. This manner in which individuals deal with threatening situations is often labelled as inappropriate and problematic. Individuals can experience stress in normal day to day living or individual's can experience extreme stress when confronted with traumatic situations. When an individual is unable to deal effectively with severe stressful situations the probability exists that the person may develop an anxiety disorder.

PTSD is an anxiety disorder characterised by extreme emotional distress, high levels of anxiety, frequent fears and persistent worrying (Bryant, 2003). Chronic stress is a state that an individual experiences when a demand exceeds a the person's real or perceived ability to successfully cope. This leads to a disturbance in the person's physiological and psychological functioning (Velamoor & Mendaonca, 2003). There are various physiological and psychological aspects related to PTSD, which can lead to problems in the individual's everyday functioning (Frude, 1998).

1.5 DESCRIPTION OF THE CHAPTERS

Chapter one gives a brief introduction to the study and explicates the aims of the investigation and its possible implementation value.
Chapter two commences with a description of the differences between temperament and personality. Thereafter, various historical and modern theories of temperament are discussed, followed by a section relating temperament and stress. Then the relationship between temperament and personality disorder is discussed, followed by a chapter summary.

Chapter three has the historical overview of PTSD and then a description of the disorder. The prevalence of PTSD is discussed and then various theories related to the disorder are described. Vulnerability factors and comorbidity are the next two sections in the chapter. The last section discusses hazardous occupations. The chapter is concluded with a summary.

Chapter four describes the methodology of the research. The chapter commences by stating the research question and the aim of the study. Thereafter, the various subject variables are described. The next two sections consist of the research design and the procedure followed for the gathering of data. Ethics regarding the study are discussed followed by a description and validation of the measuring instruments. The final two sections include the statement of the various hypotheses and the statistical analyses. The chapter ends with a summary.

Chapter five is a report of the quantitative results obtained for the study. The results are reported by firstly indicating the normality of distributions for the psychometric measures used, followed by the results of the various psychometric measures which are indicated by referring to the hypotheses stated in Chapter four. The chapter ends with a summary.

In Chapter six the significant results obtained are discussed against the backdrop of existing literature. This chapter also states certain shortcomings of the study and makes some recommendations regarding future research. The chapter ends with a summary.
1.6 SUMMARY

In the introductory chapter the motivation for the study is placed in perspective by orienting the reader. The aims of the study are stipulated and the planning for the research is given. The implementation value of the study is also briefly discussed before a general overview is given on each of the chapters to follow. Chapter two will formulate the theoretical structure regarding temperament and personality and its relationship with the human stress reaction.