A PERSPECTIVE ON JOURNALIST'S EXPERIENCE OF POST-TRAUMATIC STRESS DISORDER: AN EXPLORATORY STUDY

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This study is dedicated to the memory of my father, Dr. Charles Davis, a great humanitarian who could walk with kings and with paupers - and treat them both just the same. I learnt so much from the way in which he conducted his life. I know how proud of me he would have been.
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On-going traumatic events have become a tragic reality within South African society, with ubiquitous psychological consequences for those involved. The major political upheaval - specifically in the past five years - and the process of transition to a new South Africa has had an impact on all South Africans. Journalists have played a fundamental role in the process of transition, and many have been exposed to scenes of extreme unrest and accompanying violence. It is apparent that the need exists to study the effects of on-going stress in this group of individuals.

This study regarding the effects of unabated exposure to violence and trauma in journalists (specifically crime reporters) had the following objectives:

(I) A comprehensive literature survey which focuses on the theory and history of combat-related Posttraumatic Stress Disorder. Theory that has developed in response to disaster psychology was included.

(ii) An investigation of the effects of exposure to unremitting violence and trauma in a journalistic context.

The initial part of the study focuses on a thorough theoretical investigation which provides a systemic framework for the conceptualization of PTSD. The literature reveals that not all individuals develop Posttraumatic Stress Disorder after a traumatic event; PTSD in individuals who have been exposed to on-going violence and trauma cannot be conceptualized on a linear level, whereby following exposure to a specific stressor/trauma, the inevitable outcome would be PTSD. It is clear that although the stressor is necessary, it is not sufficient to cause the disorder.
On the contrary, there are other factors which play a fundamental role in whether or not the victim perceives the event as overwhelmingly stressful. These factors are termed "mediating factors" and include pre-existing biological factors, pre-existing psycho-social factors and events that occurred post-trauma (such as the availability of an adequate support system).

The fact that insufficient psychological assistance subsequent to exposure to the trauma was available to the group of journalists that took part in the study, was apparent. The reasons for this may have been that due to the "macho-ethic" that pervades their functioning the individuals in question, deny themselves access to a structured and regular way of defusing their experiences.

A criticism that could be levelled against this study is that the researcher elected to conduct a single interview with each journalist. The issues that arose as a result of the interviews were real, but were not able to be dealt with and followed up on.

A further criticism is that there has been a relatively extended time factor between the heightened trauma and violence to which the journalists were subjected and the interview that provided the material for this study.

Trauma has conventionally been defined as a linear occurrence, as an external event which impacts on people’s lives in a random, haphazard manner. However, it is strongly felt that it should be seen within a bigger ecosystemic context as an event which has become so much a part of our society as we currently know it.

Recommendations were made as a result of the study, and these are:

* that a follow-up study be conducted which would have as it’s aim an in-depth investigation of individual long-term cases in journalists who are victims of violence;
that journalists be afforded mandatory psychological intervention following their exposure to violence and trauma as it is clear that psychotherapy is strongly indicated for individuals with PTSD;

that group programmes be devised with the objective of educating this group of individuals with regard to PTSD and other severe stress responses.
SAMEVATTING

Voortdurende traumatische gebeurtenisse het 'n tragiese realiteit in die Suid-Afrikaanse gemeenskap geword, met alomteenwoordige sielkundige gevolge vir die betrokkenes. Die groot politieke omwenteling, veral deur die afgelope vyf jaar, en die proses van oorgang na 'n nuwe Suid-Afrika, het 'n invloed op alle Suid-Afrikaners gehad. Joernaliste het 'n fundamentele rol in dié oorgangsproses vervul en vele is blootgestel aan ernstige onrustonele en meelopende geweld. Dit is duidelik dat 'n behoefte bestaan om die gevolge van voortdurende stres in hierdie groep individue te bestudeer.

Hierdie studie rakende die gevolge van onophoudelijke blootstelling aan geweld en trauma by joernaliste (spesifiek misdaadjoernaliste) het die volgende oogmerke:

(i) 'n Omvattende literêre ondersoek wat fokus op die teorie en geskiedenis van gevegsverwante Posttraumatisering, insluitende teorieë wat ontwikkel is in antwoord op rampverwante sielkunde.

(ii) 'n Ondersoek na die gevolge van blootstelling aan voortdurende geweld en trauma in 'n joernalistieke konteks.

Aanvanklik konsentreer die studie op 'n teoretiese ondersoek na 'n sistematische raamwerk vir die vergestalting van Posttraumatisering. Literatuur onthul dat nie alle individue Posttraumatisering ontwikkel na 'n traumatische gebeurtenis nie. Posttraumatisering in individue wat blootgestel is aan voortdurende geweld en trauma, kan nie op 'n lineêre vlak, wat sou aandui dat daaropvolgende blootstelling aan 'n spesifieke stresorsaak of trauma noodwendig Posttraumatisering tot gevolg sou hê, voorgestel word nie. Dit is duidelik dat alhoewel 'n stresorsaak of trauma nodig is, dit nie op sigself genoegsaam is om dié versteuring tot gevolg te hê nie.
In teendeel, daar is ander oorsake wat 'n fundamentele rol mag speel in 'n slagoffer se persepsie oor die oormatigheid van 'n stresvolle gebeurtenis, al dan nie. Hierdie sogenaamde onregstreekse oorsake sluit in reeds bestaande biologiese oorsake, reeds bestaande sielkundig-sosiale oorsake en gebeure na die trauma (soos die beskikbaarheid van 'n bevredigende ondersteuningsisteem).

Dit is duidelik dat daar nie genoegsame sielkundige bystand verleen is aan die groep joernaliste wat aan die studie deelgeneem het na blootstelling aan trauma en geweld nie. Die rede hiervoor kan moontlik toegeskryf word aan die bravade van die joernaliste wat hul funksionering oorheers en veroorsaak dat hulle hulself toegang ontken tot 'n gestruktureerde en gereelde manier van sielkundige ontlading.

Moontlike kritiek wat teen hierdie studie gelewer kan word, is die navorser se besluit om slegs een onderhoud met elke joernalis te voer. Die probleme wat na vore gekom het gedurende hierdie onderhoude was wesenslik, maar dit was nie vir die navorser moontlik om hierdie probleme op te volg nie.

Verdere kritiek wat teen hierdie studie gelewer mag word, is dat daar 'n relatief lang tydsverloop was tussen die trauma en geweld waaraan die joernaliste onderwerp is, en die onderhoude waar die data vir hierdie studie bekom is.

Trauma word gebruiklik omskryf as 'n lineêre gebeurtenis, 'n eksterne gebeurtenis wat mense se lewens op 'n onwillekeurige en toevallige wyse beïnvloed. 'n Sterk gevoel bestaan egter dat dit gesien moet word binne 'n groter eko-sistemiese konteks as 'n gebeurtenis wat deel geword het van die hedendaagse Suid-Afrikaanse gemeenskap.

Die volgende aanbevelings, gegrond op dié studie, word gemaak:

* dat 'n opvolgstudie geloods word met die doel om 'n gedetailleerde ondersoek te doen van individuele langtermyngevalle by joernaliste wat slagoffers van geweld is;
* dat journaalisten verplichte psigoterapie ondergaan na blootstelling aan geweld en trauma, aangesien psigoterapie sterk aangeduid wordt vir individuen met Posttraumatische Stresversteuring;

* dat groepsprogramma's ontwikkeld worden met het doel om betrokken groep individuen in te lig aangaande Posttraumatische Stresversteuring en andere ernstige stresreakties.

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CHAPTER 1

You know I am not particularly tender, I've had to strike and to fend off. I've had to resist and to attack sometimes - without counting the exact cost, according to the demands of such sort of life as I had blundered into. I've seen the devil of violence, and the devil of greed, and the devil of hot desire, but by all the stars! These were strong, lusty, red-eyed devils, that swayed and drove men - men I tell you ... But as I stood on this hillside, I foresaw that in the blinding sunshine of that land, I would become acquainted with a flabby, pretending, weak-eyed devil of a rapacious and pitiless folly. How insidious he could be too...... (p.64)

HEART OF DARKNESS. JOSEPH CONRAD

1. INTRODUCTION

On-going traumatic events have become a tragic reality within South African society, with ubiquitous psychological consequences for those involved. In the current South African context, there is a need to study the relationship between journalists (specifically crime reporters) and their susceptibility to symptoms of Posttraumatic Stress Disorder (PTSD).

The nature of the work done by crime reporters renders them vulnerable to the development of this disorder. A survey of the literature available on PTSD in a journalistic context, highlights the fact that journalists have not been identified as a group who could be susceptible to the development of this disorder. The major political upheaval of the past five years and the process of transition to a new South Africa has had an impact on all South Africans. Journalists have played a fundamental role in the process of transition and many have been exposed to scenes of extreme unrest and accompanying violence. The need clearly exists to study the effects of exposure to unremitting violence and the responses of the individuals concerned.
Journalists are neither trained nor adequately prepared to cope with the inherently dangerous situations in which they are exposed to life-threatening incidents. Very limited provision has been made by the media to allow for the implications of being involved in potentially serious events on an on-going basis. The role of the journalist is often regarded by the general public as a routine affair, an impression sustained by the media. In the current South African context, the job description for journalists has assumed a different dimension, in that crime reporters and photographers are finding themselves in the firing line and are ill-equipped psychologically and emotionally to cope with the post-trauma sequelae. Knowledge about, and insight into the psychological after-effects of the incidents in which journalists are involved, are minimised by most members of the journalistic team.

The profound influence that such an event can have on an individual’s ability to cope may only be recognised when it is too late to intervene in a constructive manner. It would seem that there is a tendency within journalist circles to minimise their emotional reactions to extreme violence and stress, and there is the expectation amongst journalists that they have to function effectively in their jobs in the midst of these emotional mine-fields. An exacerbating factor in their ability to function efficiently is that following an extremely traumatic experience, there may be a professional obligation to re-enter the violence-stricken areas, and be subjected to a re-occurrence of trauma at any time.

The objective of reporting on crime and violence is, or should be, an apolitical function. The reality within the South African context, however, is more complex. Numerous co-existing elements combine to blur the distinction between the work requirements of the journalists and their exposure to criminal and political violence.

Stress is a widely researched phenomenon, and has been extended to encompass such themes as the relationships between stressful events and adaptational outcome; the ways in which individuals experience and cope with stress; the personal, social and environmental factors that produce or influence subjective stress responses (Turton, R., 1994).
For journalists working in areas that demand instant media coverage, where there is ongoing violence and unrest, it appears as if the development of Posttraumatic Stress Disorder has its roots in the subjective meaning of the stressor for the person concerned (Kaplan and Sadock, p607, 1994).

2. RATIONALE BEHIND THE CHOICE OF TOPIC

A review of the literature reveals a dearth of data regarding the experience and management of emotions in journalists who have in the process of their work, been exposed to severe trauma. The psychological impact of exposure to violence may take the form of severe PTSD symptomatology.

The majority of traumatic incidents are unexpected and are therefore often unavoidable for those individuals directly affected by them. These incidents not only affect the persons involved, but also affect their families and close friends as the ripple effect spreads to include whole communities who inevitably react to the incidents and who also experience trauma in this regard.

Traumatic incidents have become daily occurrences in the lives of South Africans in the 1990's. There are daily reports of criminal activity in the form of car hijacking, armed robbery, and vicious attacks on individuals.

It is within this context that crime reporters and crime photographers work. It would seem that very limited facilities exist for support groups, debriefing facilities or direct psychotherapy for these individuals.

This study focuses on Posttraumatic Stress Disorder and endeavours to investigate the effect of exposure to extreme on-going trauma in journalists who are engaged in reporting on crime and violence.
3. **AIMS OF THE STUDY**

The aims of this study are two-fold:

1. A comprehensive literature study on the theoretical conceptualization of posttraumatic stress disorder will be carried out. Part of the study will attempt to make a contribution to a body of knowledge on violence from a systemic perspective.

2. The psychological sequelae and the emotional manifestations of the experiences of journalists who work in a context of violence will be considered. Pre-disposing factors will be looked at, as it is believed that these factors play a role in how the event is experienced, interpreted, processed and internalised by these individuals.

According to Bateson, "Reality can be punctuated and framed in any way, provided there is some form of social consensus. One has to accept that reality is not knowable in any universal sense. It is simply defined by observers who punctuate it differently" (1979, p.12).

4. **FORMAT OF THE STUDY**

In Chapter 2, a thorough literature review on PTSD is given. Vulnerability and Pre-disposing factors for the journalists concerned are considered. Chapter 3 describes the research methodology utilised and sets out the research procedure. The five research interviews are transcribed verbatim and are presented in a separate booklet. Chapter 4 consists of the findings as drawn from the verbatim transcripts in terms of PTSD symptomology. In Chapter 5, the results of the study are discussed and these are presented within the context of the available literature. Chapter 6, the closing chapter, offers a critical evaluation of the study and specific recommendations are suggested.
CHAPTER 2

LITERATURE SURVEY ON POSTTRAUMATIC STRESS DISORDER

"The mind of man is capable of anything - because everything is in it, all the past as well as all the future. What was there after all? Joy, fear, sorrow, devotion, valour, rage - who can tell? - but truth - truth stripped of it's cloak of time. Let the fool gape and shudder - the man knows and can look on without a wink ... He must meet that truth with his own true stuff - with his own inborn strength. Principles? Principles won't do. Acquisitions, clothes, pretty rags - rags that would fly off at the first good shake. No, you want a deliberate belief." HEART OF DARKNESS, JOSEPH CONRAD (P.91).

2.1. INTRODUCTION

According to Brom and Kleber (1989) there has been a tremendous increase in the study of stress over the past two decades. A survey of the literature reveals that victims of concentration camps, crime and combat-related trauma, civil and natural disasters have high rates of PTSD. The majority of the literature on PTSD has emerged out of the experience of clinicians treating military personnel during wartimes. According to Miller (1994), traumatic stress syndromes are being increasingly recognised as a component of civilian accidents, injuries and assaults, such as car accidents, muggings, toxic exposure and witnessing violent acts of horrifying events. There is evidence that individuals suffering different kinds of trauma share common responses (Bloch. 1991).
2.2 HISTORICAL ORIENTATION WITH REGARD TO PTSD

Extensive research has been conducted on the phenomenon of PTSD, which has been documented in the literature under different terminology for over 100 years.

A review of the literature reveals that as early as 1871, Jacob da Costa described certain soldiers involved in the American Civil War as having "Irritable Heart Syndrome", and Rigler (in 1879) defined a condition which he termed "Compensation Neurosis". In World War I, as thousands of soldiers returned from the front suffering from severe anxiety, insomnia and nightmares, the syndrome was referred to as "Shell Shock" and was hypothesised to have resulted in brain trauma due to the explosion of shells.

In 1942, during an after-football celebration at the Coconut Grove nightclub in Boston, a disastrous fire claimed the lives of 499 people and stunned the community. Eric Lindeman and his colleagues quickly rushed in and provided free counselling services for a large group of people, including survivors of the fire and relatives of the victims. This group of researchers discovered a uniformity in the symptoms that people reported: vacillation between overwhelming painful emotions and periods of numbness, a strong need or impulse to repeat the tragic events in their minds over and over again, nightmares and psychosomatic symptoms.

A disorder called "gross stress reaction" was listed in DSM I, reflecting it's inception when the memory of World War II and a concomitant interest in traumatic war neurosis or concentration camp syndromes was still fresh. The definition of this disorder reflected that context. In 1968, DSM II was published and the word "stress" was omitted. In it's place the diagnosis was classified under the category of "Transitory Situational Disturbance" (Boulanger, 1985), and was defined as a severe stress reaction occurring in a normal personality as a mechanism for dealing with overwhelming fear, caused by either combat or civilian catastrophe. World War II veterans, survivors of the Nazi concentration camps, survivors of the Japanese Atomic bombings exhibited symptoms which were referred to as "Combat Neurosis" or "Operational Fatigue" (Grinker & Spiegel, in Foa, Rothbaum, Riggs and Murdoch,
The disorder was per definition acute and reversible, and no characteristic symptoms were specified. Although conceptualised and defined psychologically, this disorder was inexplicably dropped after the DSM II was revised.

The term “Posttraumatic Stress Disorder” was created in the late 1970’s and entered the official nomenclature for the first time when DSM III was published. DSM III was developed in the context of a nation struggling with another collectively troubling experience: the Vietnam War. War veterans who had been exposed to severe combat stress returned home to find that they were not warmly welcomed as heroes, but were met with very mixed reactions. Many had severe stress reactions, which were often delayed or chronic, rather than acute.

In 1970, while the Vietnam War was at its height, two psychiatrists, Robert Jay Lifton and Chaim Shaton, met with representatives of a new organisation called “Vietnam Veterans Against the War”. Their presence contributed moral credibility to a growing anti-war movement (Herman, 1992). According to Lifton, they raised questions about everyone’s version of the socialised warrior and the war system and exposed their country’s counterfeit claim of a just war (Lifton, 1973).

The anti-war veterans organised what they called “rap-groups”. In these intimate meetings of their peers, Vietnam veterans retold and relived the traumatic experiences of war. The testimony that came out of these groups focused public attention on the lasting psychological injuries of combat. The purpose of the rap groups was two-fold: to give solace to individual veterans who had suffered psychological trauma and to raise awareness of the effects of war (Herman, 1992). By the mid 1970’s hundreds of informal rap groups had been organised.

By the end of the decade, the political pressure from veterans organisations resulted in a legal mandate for a psychological treatment program, called ‘Operation Outreach’.

They required treatment, yet there was no diagnosis to describe their syndrome. The concept of PTSD was created to meet this need. A five-volume study on the legacies of Vietnam delineated the syndrome of post-traumatic stress disorder and
demonstrated beyond any reasonable doubt the direct relationship to combat exposure (Edendorf et al., 1981).

According to the Nemiah (1995), there were other needs as well. Civilians who had suffered through terrible catastrophe had also been omitted from DSM. For these individuals, there was no diagnostic haven under which they could be admitted for treatment. The first controversy to be faced in developing a new category was the specificity of the stressor: the question of a different diagnosis was necessary for each type of stressor since it was evident that coverage was needed for civilian “survivors” as well, be they from the Holocaust, mass catastrophes, or painful and disfiguring individual injuries such as severe burns or crippling accidents. It was determined that the syndrome was similar across various stressors and that a single category would suffice. The name PTSD was chosen to refer to it.

The next major issue was a consideration of the nature of the stressor. This issue was seen as important since it seemed clear that syndromes occurring after physical stressors (e.g., death camps) had long-term implications. It was also clear that a purely psychological stressor could produce a very severe syndrome. DSM III-R explicitly stated that the disorder arises after “a psychologically traumatic event that is generally outside the range of usual human experience”. Clinicians found the new category very useful, although the nature of the psychological stressor was not clearly defined. DSM III referred to combat and death-camps, and DSM III-R specifically excluded business losses or marital conflict as these were not considered sufficiently extreme psychological stressors. A further adjustment was made in DSM-IV, so that the stressor it no longer needed to be “outside the range of normal human experience”. Instead, the emphasis was placed on stressors likely to produce death, injury or damage to physical integrity. The author of the Editorial in the American Journal of Psychiatry (July 1995), points out that “the pendulum had swung fully across the divide, place an emphasis on soma and de-emphasizing psyche”. In the 14 years between 1980 and 1994, from no diagnostic category at all, there was a shift to one that was so widely used that a physical component needed to be emphasized to help narrow the concept. It is clear that the DSM-IV concept is much broader than the original intent of the DSM-III concept.
This brief history of the concept of PTSD allows one to reflect on the relationship of psyche and soma, psychology and biology that is inherent in the conceptualization of PTSD.

The original concept of PTSD was a rich one, derived from research on combat, civilian catastrophes and natural disasters. However, we live in a world that places a high premium on standardization and objectivity: To the extent that this trend leads to a better understanding of aetiology or improved treatment methods is an advance. To the extent that this trend leads to failure to conceptualize disorders interactively, or to negate the psyche within the soma of a patient, is retrogressive.

The notion that extreme stress triggers psychological disturbance and may cause psychological damage has been extensively documented. The question was how should people who succumb to the effects of trauma be viewed and treated by professionals in the mental health field. Thus, the formulation of PTSD as an adaptive response to trauma in DSM-III addressed a social and political issue as well as a mental health one. Although DSM-III focused on differentiating stressful from traumatic events and articulated the nature of the actual syndrome of PTSD, the very existence of this disorder raised the issue of how best to conceptualize the phenomenon of individuals who decompensate following exposure to trauma.

Yehuda and McFarlane (1995) pose the question of whether trauma survivors were to be viewed as psychologically damaged by the experiences that befell them, or whether it was more appropriate to validate the experience of trauma from a humanistic and existential perspective by viewing their responses as an adaptation to frightening environmental events (p.1706).

The question of how to view the trauma survivor was fuelled by other social and moral agendas. For example, the human rights issue that emerged in the investigation of the effects of torture and political repression, civil rights issues and the rise of feminism all resulted in an increased urgency to address the plight of the traumatized individual.
2.3 DETERMINANTS OF THE RELATIVE CONTRIBUTION OF A MULTIPLICITY OF FACTORS TO THE AETIOLOGY OF PTSD

The above discussion highlights the historical, social and political impetus for establishing a diagnostic category that defined an individual's symptoms following adversity. The major scientific cornerstone for the early conceptualization of PTSD was the field of biological studies of stress. In particular, Selye's findings that any adversity could provoke a biological stress response provided a scientific validity for the conception of PTSD that was derived from scientific observations (Selye, H., 1956).

A second body of literature that was compatible with Selye's ideas about stress was the research that focused on life-events (Rabkin & Streuning, 1976). This literature provided indirect support for the notion of PTSD as a stress response, by demonstrating a causal link between adverse life events and the development of psychological and physical symptoms in response to subsequent trauma. Similarly, the crisis intervention and bereavement fields provided clinical support for the observation that transient traumatic events could produce symptoms that were amenable to intervention (Horowitz, 1986). What was apparent, was that the focus on the traumatic event necessitated the need to carefully define the universality and commonalities inherent in confrontation with death and helplessness, and highlighted the need to examine typical reactions of trauma survivors. Studies on the prevalence, course and comorbidity of PTSD have raised issues with regard to the nature of the stressor was regarded as the primary aetiologica factor in the development of the disorder. Many recent findings are inconsistent with the notion that traumatic events are the primary cause of symptoms and challenge the idea of PTSD as a typical stress response.

2.4 EPIDEMIOLOGICAL STUDIES OF THE PREVALENCE OF PTSD

According to Yehuda and McFarlane (1995), studies of "high-risk" individuals, that is, those individuals who have survived a traumatic event such as combat veterans or
rape victims, have generally shown that the development of a full-blown PTSD is the exception rather than the rule. The authors state further that in DSM-IV, estimates that the prevalence of PTSD among those exposed to a criterion A stressor range from 3% to 58% (p.1707).

One of the classic epidemiological studies found a 15% prevalence of current PTSD and a 30% prevalence of lifetime PTSD among Vietnam veterans (Kulka et al., 1990). The prevalence of PTSD in Desert Storm veterans was found to be substantially lower. Only 9% of Desert Storm soldiers could be diagnosed with PTSD six months following their return from the Persian Gulf (Southwick et al., 1993). When looked at two years later, although symptoms were relatively mild, there was an overall increase in PTSD symptomology. The statistical relationship between the level of combat exposure and PTSD symptoms at two years, and not before, is suggestive of the fact that it may take time for the consequences of traumatic exposure to become apparent. Furthermore, degree of exposure may be important in predicting the eventual development of symptoms.

Foy et al. (1984) point out that it is important to consider the nature and severity of the traumatic event as there is documented evidence to suggest a relationship between severity of the trauma and the development of chronic PTSD. The lifetime prevalence rates of PTSD among crime victims has been estimated to vary from 19% to 75% (Kilpatrick, D.G., and Resnick, H.S.). Also of note is the relatively high prevalence rate of persistent and chronic PTSD (47%-50%) among prisoners of war and concentration camp survivors (Yehuda et al., 1995).

2.5 VULNERABILITY FACTORS
The observation that trauma is not a sufficient determinant of PTSD raises the possibility that there may be risk factors that account for a given individuals' susceptibility to developing this disorder.

Davidson et al. (1991) highlight the fact that individuals who develop PTSD have been subjected to adverse events during childhood. The authors describe factors such
as parental poverty, early childhood divorce or separation, abuse, a genetic predisposition to psychiatric disorder as possible contributory risk factors. A number of researchers have determined that individuals from a generally stable family background have a higher stress tolerance than individuals from a more fragmented family background (Boulanger, 1985; Carol, 1987).

Kulka et al. (1991) have emphasised certain distinguishable characteristics that they regarded as important in terms of vulnerability factors. The aforementioned researchers referred to family and childhood experiences as well as other social factors such as pre-military and military status (McFarlane, 1989).

Thus, genetic risk factors, (True et al., 1993), the individual's personality (Southwick et al., 1993; Schurr, 1993), past history of trauma (Bremner et al., 1993; Zaidi & Foy, 1994), past history of behavioural or psychological problems (Helzer et al., 1987), nature of parental relationships (Emery, 1991), other life events at the time of the trauma (McFarlane, 1989), as well as post traumatic factors such as social support and exposure to subsequent reactivating stressors (Solomon et al., 1994; Yehuda et al., 1995), all have an impact on the individual's susceptibility to the disorder. There has been an increasing exploration of these issues in recent years that have suggested that some vulnerability factors exert their effects at relatively low thresholds (Resnick et al., 1992) whereas others come into play at a relatively high level (McCraine et al., 1992).

Davison and Foa (1991) emphasize the finding that being present during a disaster is not in itself sufficient to cause the development of PTSD. These researchers highlight the subjective experience of the primary victims after exposure to the trauma as the most important determinant of the development of this disorder. Thus the most significant factors, according to these researchers, is the perception of the individual that his life is in danger, the meaning this has for the person, the experience of extreme fear and a feeling of helplessness.

Louw (1989) points out that for individuals who work in group situations who find themselves exposed for a prolonged period of time to violence/trauma (as in a
military situation), the greater the camaraderie or cohesion within the group, the less susceptible they are to stress.

Straker (1992, p.33) describes the emphasis that is now placed on "mediating factors" which impact on the individual. Thus, not all supposed stressors have the same impact on all individuals, at all times and under similar circumstances. She asserts that the experience of stress is dependent on how the individual evaluates the seriousness of the situation as well as his/her evaluation in terms of his/her frame of reference which facilitates coping with the situation. Thus there is a focus on factors that may elevate or diminish the individual's resilience to withstand stressors.

It has become apparent that numerous individuals go through traumatic experiences that are clearly beyond the realm of "normal" experience, with few if any serious emotional sequelae, whereas others go through relatively minimal trauma and develop the full-blown Post Traumatic Stress Syndrome (Barlow, 1988).

These observations led to further research and investigation with regard to the aetiology of Post Traumatic Stress Disorder.

From the above, it is clear that factors other than exposure to trauma should be taken into consideration with regard to expected responses of victims of violence.

2.6 SOCIAL SUPPORT

Events that happen to different types of people, impact on them in very different ways. Because people differ on numerous personal and demographic variables, these differences tend to influence the way in which a traumatic event is processed and internalized. Thus, coping styles, specific vulnerability, previous traumatic experiences and social support are all variables that should be investigated.

According to Boscarino (1995) Vietnam veterans who have not experienced adequate social support are more likely to be found to have a current diagnosis of PTSD, generalized anxiety, depression or evidence of alcohol/substance abuse. Boscarino
found that Vietnam veterans with minimal or no social support had an 80% greater risk than veterans with average social support, but had 180% greater risk than veterans with high social support. The reason for this is that without social support, there would be less opportunity to express their feelings and thoughts to meaningful others and thereby mitigate their distress through significant social interactions.

Fontana and Rosenheck (1994) worked with Vietnam veterans and found that an absence of support from family and friends following the war was directly related to the development of PTSD symptomology. Clearly, being able to share experiences with supportive friends would enable the veterans to express their feelings and thoughts to others, thereby facilitating a constructive assimilation of their wartime experiences into their civilian lives. Conversely, a lack of social support severs the network whereby the ventilation of feelings and thoughts is blocked and there is no opportunity to assimilate and process the meaning of their experiences.

Clinical research with stress victims, demonstrates that the rendering of support in a calm and containing environment is a fundamental prerequisite after a trauma has been experienced (Brom & Kleber, 1989). A review of the literature corroborates the causal link between lower social support and increased morbidity and mortality (Syme, 1992). The explanation for this may be that within a context of containment and support, desensitization to the trauma may take place, with resultant lowered levels of subjective distress. Boscarino (1995) points out that epidemiological studies suggest that individuals with lower social support have a higher incidence of psychological problems, medical morbidity and disease-specific mortality (Berkman, 1984; Cassel, 1976 & Syme, 1992).

2.6.1 DIAGNOSTIC CRITERIA OF PTSD ACCORDING TO THE DSM-IV

PTSD is characterised by the persistent reexperiencing of a traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma. Characteristic symptoms develop following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical
integrity; or witnessing an event that involved death, injury or a threat to the physical integrity or another person; or learning about unexpected or violent death or injury experienced by a family member or significant other (Criterion A1). The person's response to the traumatic event must involve intense fear, helplessness or horror (Criterion A2). The characteristic symptoms resulting from the exposure to the extreme trauma include persistent reexperiencing of the traumatic event (Criterion B), persistent avoidance of stimuli with the trauma and numbing of general responsiveness (Criterion C), and persistent symptoms of increased arousal (Criterion D). Symptoms in Criteria B, C and D must be present for more than one month (Criterion E) and the disturbance must be sufficient to cause clinically significant distress or impairment in social, occupational or other important areas of functioning (Criteria F) (DSM-IV, APA, 1994).

The traumatic event can be reexperienced in one or more of the following ways. The person will report recurrent and intrusive recollections of the event (Criterion B1) or recurrent distressing dreams during which the event is replayed over and over again (Criterion B2).

The traumatic event can be reexperienced in one (or more) of the following ways: The person may have recurrent and intrusive distressing recollections of the event (Criterion B1) or recurrent distressing dreams during which the event is replayed (Criterion B2). The individual may act or feel as if the traumatic event is recurring in the re-enactment form of hallucinations, illusions and dissociative flashback episodes, during which the components of the event are relived and the person behaves as though he is experiencing the event at that moment (Criterion B3). Intense psychological distress (Criterion B4) and physiological reactivity (Criterion B5) occurs in response to internal or external cues that may symbolise or resemble an aspect of the traumatic event (DSM-IV, APA, 1994).

Persistent avoidance of stimuli associated with the trauma and a numbing of responsiveness occurs. The person deliberately avoids thoughts, feelings or conversations associated with the traumatic event (Criterion C1). Activities, places or people that may trigger recollections of the trauma are commonly avoided (Criterion
C2). The person may be unable to recall an important aspect of the traumatic event (Criterion C3). Markedly diminished interest or desire to participate in significant activities which is referred to as 'psychic numbing' or 'emotional anaesthesia' may take place (Criterion C4) with resultant feelings of detachment or estrangement from others (Criterion C5). The person may experience a restricted range of affect which may include a blunted emotional response (Criterion C6).

The individual may describe an inability to anticipate any sense of a foreseeable future (i.e. does not expect to have a career, marriage, children or a normal life span) (Criterion C7).

The individual has persistent symptoms of increased arousal as indicated by two or more of the following features: difficulty falling or staying asleep (Criterion D1). There may be heightened irritability or outbursts of anger (Criterion D2); difficulty concentrating (Criterion D3); hypervigilance (Criterion D4) and an exaggerated startle response (Criterion D5) (APA, 1994).

DSM-IV (1994) describes the duration of the disturbance (i.e. the symptoms in Criterion B, C and D) as more than one month (Criterion E) and points out that the disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning (Criterion F).

PTSD can occur at any age. Symptoms usually occur within three months following the traumatic event, although there may be a delay of months or even years in some cases. PTSD may be described as acute if the duration of symptoms is less than three months, chronic if the duration is three months or more, and with delayed onset if the symptoms occur at least six months after the stressor.

2.7 VIOLENCE: LINEAR OR CIRCULAR CAUSALITY

Dell (1989, p.12) wrote: “.... violence is a strikingly lineal concept that is difficult to address from a systemic perspective.” Hoffman (1990, p.6) aligned herself with Dell’s position and stated that notions of circular causality and complementarity obscure notions of responsibility for violence by segments of society.
If mutual causality and neutrality are regarded as central tenants of the way we think about the concept of violence, then it becomes impossible to speak of lineal phenomena such as power or even apartheid (Dell, 1989, p.2).

When any act of violence or disaster strike, the system and the functioning of the related components of that system are affected. According to Beyers (1987, p.5), “The system’s stability and autonomy, its coherence and simultaneous interactions are under question”.

Clearly, to speak of circular causality precludes the possibility that any part of a system can exert unilateral control over any other part of that system. If this condition is upheld, then the realm of the absurd is entered into whereby the victims of violence would be regarded as having provoked or of having exerted as much control over the system as it had over them. This conceptualisation - that the journalists interviewed for the purpose of the study - exerted as much control over the system that was plunged into extreme unrest with exposure of life-threatening incidents, negates the experiential realm in which each journalist experienced subjective anguish and distress. According to Goldner (1985, p.22) by clinging to a perspective in which power and inequality are discredited as clinical concepts because they are deemed products of linear thinking, we can always restrict our definition of an interpersonal problem to one dysfunctional sequence or another and never have to ask any questions beyond the particular (Joffe, 1993, p.24).

A solution that merits investigation is one that advocates a split between theoretical formulations about violence and the actual experience of violence by people engaged in living, rather than theorizing. It is clear that theory can grossly misrepresent reality as espoused by Dell (1989) who investigated the debate around power between Haley and Bateson. Haley adopted the position that man is a strategic animal constantly engaged in a tussle for power, and that power and control are endemic to the human condition. At the opposite end of the spectrum stood Bateson who acknowledged the existence of power in pragmatic terms, but who felt that power implied control and
that a cybernetic understanding of the world necessarily precluded the possibility of an organism exerting unilateral control over any other organism.

I think ...... that there is no area in which false premises regarding the nature of the self and it's relation to others can be so surely productive of destruction and ugliness as this area of ideas about control (Bateson, 1972, p.267).

This being the case, to talk of power - even though it might exist in the minds of the observed - is an error in thinking as it runs contrary to the cybernetic understanding of the relationship between self and others.

Perhaps systemic therapists can acknowledge that since trauma often occurs beyond the context of the family, the point of departure for the therapy might be individual psychotherapy. This certainly does not demand that therapists abandon their cybernetic wisdom about what is objectively going on. All therapeutic work should be directed at the meaning (systemic formulation) of the fantasy (intra-psychic formulation) that the client holds about the trauma; both positions are essentially constructivist since they negate the notion of an objective experience of trauma.

2.8 CONCEPTUALIZATION OF POSTTRAUMATIC STRESS DISORDER

Posttraumatic stress disorder is only one of the many types of stress response syndromes. Others include adjustment disorders, uncomplicated bereavement and pathological grief reactions. All these diagnoses would fit within the larger category of stress response syndromes.

Matsakis (1988) describes posttraumatic stress disorder as follows:

A person who has this stress disorder, has a previous experience of the trauma in the form of:

1. A history of trauma.
2. A variety of behavioral manifestations such as the presence of flash backs, dreams and memories.
3. A reduction of emotion and reduced interest in others as well as in world affairs.

At least two of the following symptoms (that were not present before the trauma):

1. Problems with memory and concentration;
2. Sleep disturbances;
3. Hypervigilance - the startle response;
4. Avoidance of people, places and activities that would remind the person of the traumatic occurrence.

Weiten (1992, p.491) puts forward the following definition “Posttraumatic stress disorder involves disturbed behavior that is attributed to a major stressful event, but that emerges after the stress is over”.

Traumas that are sufficiently serious to cause PTSD are so overwhelming, horrific and ongoing that a person’s usual physical and emotional coping mechanisms are compromised. Thus it could be said that on a very superficial level, PTSD is a normal reaction to an event that is beyond the realm of normal experience.

According to Shaver and Tarpy (1993), PTSD is an anxiety disturbance. Preston, O’Neal and Talaga (1994) point out that although DSM-IV includes PTSD as an anxiety disorder, in many ways this could be a misnomer. Clearly anxiety symptoms predominate in PTSD, but the authors state that it is very common for PTSD patients to exhibit major depression, transient psychosis and substance abuse as well.

Beyers (1989) describes the essential points of PTSD as the development of symptoms that follow a traumatic occurrence that is outside the range of normal human experience. The stressor that would lead to the development of this syndrome is markedly upsetting for any person and would be experienced with intense fear, shock and helplessness. The typical symptoms include the reliving of the traumatic event, avoidance of the stimuli that would be associated with the event, a reduction in general responsiveness and a heightened emotional response.
According to Beyers (1989) the trauma that leads to PTSD is such that it threatens the person’s life or physical integrity, or that of his children or other close family members or friends; the sudden devastation of the person’s house or property, or the witnessing of another person that is seriously injured or killed as a result of an accident or physical violence. In such cases the trauma can centre around a serious threat or can result from trauma experienced by a close friend or family member, for example that the person’s child was kidnapped, tortured or killed.

Horowitz, M. (1986, p.289) conceptualizes the disorder in a similar way. She states that stressful life experiences are injuries and losses, or at least the threat of such traumas. She adds that the most serious of these involve fear of death, a suddenness of perception and the brutality of other people who seek to harm the self. She cites other traumas which arise from subjugation of the self to rules that at some time, before or after (the trauma) seem alien to personal values or even to human nature.

The trauma can occur individually or can occur in the presence of a group of people. The stressors which result in this disturbance include natural disasters, disasters that are a result of accidents or disasters that are intentionally caused.

Louw (1989) points out that the disturbance has the potential to be more serious and longer in duration when it happens as a result of human causes.

Matsakis (1988) concurs with Louw that stressors that have been inflicted by human intention are more likely to be followed by symptoms that are more intense and more enduring. Matsakis states that trauma’s sustained under these conditions tend to be of no consequence if the attacker is a tornado, an enemy soldier or a rapist. At the moment of the attack, the person (victim) would feel depersonalized in the sense that the conventional right to safety, happiness and health are not his to own. At that moment, the person becomes a worthless object that is at the mercy of something much more powerful than he/she is.
Beyers (1985, p.4) highlights that when thinking about a system in crisis, "linear thinking or cause-effect reasoning cannot be tolerated".

Circular causality implies that a system consists of interrelated and reciprocal interactional influencing components or subsystems, whereby X not only influences Y, but the fact that X is in the process of influencing means that reciprocally Y had and has an effect on X. The communicational interaction is mutual.

Accepting this as one’s epistemology, it becomes clear that the concept of disaster-related concepts (anxiety, helplessness, fear) have to be redefined.

Parkinson, F. (1993, p.1) points out that

...... it seems obvious that those present when disaster strikes, the victims and survivors, will suffer, perhaps less obvious are the possible effects on the rescuers and helpers. Like ripples on a pond when a stone is thrown into the water, the effects spread out from the center to include helpers, family friends and many others in an ever-widening circle.

According to Beyers (1985, p.5) dysfunctional or pathological behavior is no longer per definition a problem of only one person’s behavior and/or the result of intrapsychic processes; the symptoms involved in ‘pathology’ are part of recursive behavior cycles organized within interactional systems.

The symptom of fear and anxiety in the context of a disaster is in direct relation to the context of the disaster, in relationship with the actions and reciprocal reactions of all the people/systems involved. “Problems” as defined by people in general are no longer one person’s dilemma, or a part of one person’s personality. Problems are related and woven into the interactions between people themselves and in their transactions with their contexts (Haley, 1963; Watzlawick et al., 1974).
2.9 DEFINING THE CONCEPT DISASTER

Beyers (1985, p.5) points out that when a disaster strikes, the system and the functioning of its related components are heavily affected. The system's stability and autonomy, its coherence and simultaneous interactions are under question.

A disaster can be described as an external force bringing change onto other systems. It is unforeseen, unpredicted and it destroys. Taking its effects into account, one can say a disaster is a destructive and insensitive force which has in its interaction no respect for age, sex, intelligence, socio-economic status, culture, religion or developmental background. It has no respect either for sensitive interactional timing. It is sudden; there is no way to prepare oneself fully for its impact. It threatens life; life suddenly becomes intolerable. It destroys life, and for the ones who survive, life becomes a burden filled with fear, shock and disbelief, and which in itself becomes a vicious cycle of controlling energies, threatening to shatter faith, beliefs, hopes, security, health, strengths and love which all form part of the interactional patterns of the behavior of men (p.6).

If the attacker is a natural force such as an earthquake, then the explanation can be made that the incident was predestined.

However, if the attacker is another human being, it is clear that the victim's sense of security is shattered and it is likely that his trust/faith in other people and the community in general can seriously be compromised.

According to Kaplan and Sadock (1994, p.607) the individual is subjective response to the stressor is the prime causative factor in the development of PTSD. It should be noted that not everyone experiences Posttraumatic Stress Disorder after a traumatic event, although the stressor is necessary. It is not sufficient to cause the disorder. It becomes essential to consider pre-existing biological factors, pre-existing psychosocial factors and the events that happened post-trauma. Thus, factors such as
resiliency, personal vulnerability and available support systems are pertinent to the implications embedded in the stressful life experience.

2.10 **CLASSIFICATION OF VICTIMS OF VIOLENCE/DISASTERS**

Research findings state clearly that any exposure to violence, particularly combat-related violence, has an impact on many aspects of the lives of the primary victims, as well as those people who are indirectly affected by that which the primary victim has had to endure. According to Herman (1992) “Witnessess, as well as victims are subject to the dialectic of trauma. It is difficult for an observer to remain clear-headed and calm, to see more than a few fragments of the picture at one time, to retain all the pieces and to fit them together” (p.2). She states further that “… to hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins victim and witness in a common alliance” (p.9). For the individual victim, this social context is created by relationships with friends, lovers and family all of whom may be affected by what the individual has suffered.

2.11 **SUMMARY**

Because PTSD is unique in that it requires an identifiable environmental stressor as a primary etiological factor, individual differences in vulnerability to this stressor may account for variations in the development of PTSD across individuals.

It is clear that PTSD is a complicated syndrome in which numerous factors, including the context in which the trauma is experienced, influences the development of PTSD-related symptoms.

Taylor and Frazer (Taylor, 1989) established a classification system that is useful for identifying victims of disaster/violence.

For the purposes of this study, direct or primary victims and indirect or secondary victims are defined, although the classification system of the above-mentioned authors extends to tertiary victims and beyond. Direct victims or primary victims are
those individuals who are directly exposed to the violence or trauma which has the capacity to threaten the physical integrity of the individual, and which compromises the relationships, the property and/or results in alterations in subsequent behaviour patters. Indirect or secondary victims are those individuals who are close family/friends of the primary victim who may develop anxiety and guilt reactions in response to the trauma that the primary victim has endured.

Although the journalists who took part in this study were clearly direct victims of the violence to which they were exposed, they had the arduous task of having to report the details of the incidents which they had witnessed.

In subsequent chapters of this study, the researcher will identify the uniqueness of the position of these journalists. Whilst they are in the fore-front of the firing-line, they are theoretically potential direct victims; however they are generally not regarded as such.

It is this dilemma that provided the incentive for this research study.
CHAPTER 3

RESEARCH METHODOLOGY AND RESEARCH DESIGN

3.1 INTRODUCTION

The world of scientific inquiry contains a tension between more conventional, positivistic forms of investigation and less experimental, more qualitative forms of inquiry (Kerlinger, 1986). "Conventional researchers will likely find qualitative methods too subjective and uncontrolled to yield valid findings" (Atkinson, Heath and Chenail, 1991, p164), while others will find traditional methods too restrictive and controlled to yield a bright flash of insight never intended in the initial design.

Kerlinger (1986, p292) argued that "...without strong structure, no matter how rich and significant the content, the creations may be weak and sterile". Any critique of the qualitative tradition is generally based on this notion (Andreozzi, 1985; Olson, 1976; Schwartz and Breunlin, 1983). The qualitative paradigm is a relatively young area of inquiry which is characterized by a perplexing lack of structure and integration. It thus becomes very important to focus on how to conduct qualitative research in a responsible way with a modicum of structure, so that it might preserve some legitimacy as a valid form of investigation.

According to Alexander and Wells (1991, p.554) researchers in the field of trauma are confronted with the dual challenge of observing the relationship between traumatic life occurrence’s and the identification of different outcomes, and also have to take into consideration the role of various regulating factors and describe these in relation to the trauma.

These authors state further that research with regard to disasters/violence is subject to methodological problems, especially because disasters are usually unexpected and sudden and the preparation of an effective research strategy therefore becomes very
difficult. It is not feasible that some pre-disaster measurement of the emotional condition of those involved in the disaster can be established.

The above-mentioned problems are relevant with regard to this study of the effect of the trauma on journalists covering 'news' stories during the pre-election period of extreme unrest and violence.

A general orientation to qualitative research and systems theory will be given, and the theoretical principles upon which the research is based will be discussed.

What follows is a thorough formulation of the research design upon which the research process is based. Ethical considerations and methodology specific to the exploration of PTSD, with all the inherent difficulties that relate to the study of the after-effects of trauma and violence, will be described.

3.2 QUALITATIVE RESEARCH AND SYSTEMS THEORY

Systems theory advocates a move to a stance where therapists (or for the purposes of this research, "researchers") need to acknowledge that systems are unpredictable, that change cannot be forecast and where the outcome of the research cannot be stipulated at the inception of the therapy. This is because each system is governed by its own singularity (Elkaim in Hoffman, 1981, p.347; Maturana, 1980). These systemic postulations fit with the qualitative research paradigm - which is the paradigm elected by the writer.

The idea that real events happen independently of our descriptions is useful...... We may assume that individual observers come into contact with a world that exists 'outside their skin', and furthermore we assume that some ideas about the world can be more accurate than others .... however, we cannot assume that what is out there is necessarily singular, stable or predictable as has been the case in conventional social science (Atkinson, Heath and Chenail. 1991, pp.161-162). There is no
predictable blueprint that regulates the pattern of discovery (Walters, 1990, p.461).

While both these quotations are rooted in qualitative research, and the referent of the Hoffman idea is system theory, it would seem as if there are considerable links between the art of systemic theory and the process of qualitative research. Since this research entails the observation of a family (of journalists), a research system, it appears well justified to adopt a qualitative methodology for this “therapy” (investigation).

A discussion of the fundamental principles of biological systems as outlined by Humberto Maturana (1974, 1980) follows:

“Living systems are structure determined - their operation is a function of how they are built, arrayed and put together: (Efran and Lukens, 1985, p24). Any research project has its participants and these participants form a unique constellation which will shape the process of that research system. Just as the structural constellation is unique, so too is any information generated by it.

Hoffman (1990) points out that organisms survive by combining and fitting with each other as well as with the context or medium in which they cohere. Linking this to this research endeavour, it is clear that Maturana’s description of “structural coupling: (1974) would imply a fit between the participants/subject of this particular project and the context (the radio station at which all the subjects worked).

Efran and Lukens (1985) point out that there are continual shifts in response to changes in both the external environment and internal perturbations until the point of disintegration which could come at any time (p24).

Since this implies a theory of randomness, it excludes (in any study adhering to this methodology) a rigid control of dependent and independent variables. This removes this study from the realm of experimental, positivistic research.
Human systems operate mainly in the domain of language where words and symbols are used to describe and define realities. Thus, research cannot exist independently of the way it is constructed, and each participant and reader can only understand it in terms of his/her unique way of punctuating the reality as it is meaningful to him/her.

The traditional view of research holds that there is a real social world which exists independently of our observing it and that this independent world is singular, stable and predictable. Furthermore, it assumes that if one applies the "correct" methods, one can have an increasingly accurate view of what "really" happens in the world (Atkinson and Heath, 1991).

Hoffman (1981) advocated the necessity that the therapist abandon the idea that she can push or pull the family in the directions that he desires. The alteration from the "bullfighter" stance to a neutral one is embodied in the qualitative research tradition where instead we assume that at any point in time there may be equally accurate ways to describe events in the social world. Further we assume that an act of observation may change the observed phenomenon. Most importantly, we do not believe that it is possible for any observer to have privileged access to 'what really happens’” (Atkinson, Heath and Chenail, 1991, p162).

Borrowing from systems theory, individuals are best understood within their interrelational context (Bateson, 1979; Papp, 1983). An exploration of the ideological nexi in these interrelationships reveals new information (findings) which were simply manifest in indirect maladaptive sequences until the beginning of the inquiry (research) (Penn, 1982; Tomm, 1983). Experience has shown this method of inquiry to be effective in terms of eliciting information about the research question; about how subjects interact with regard to the problem; about how individual's views vary across time (Minuchin and Fishman, 1981). All this enables “..the therapist to generate hypotheses (design research) and design interventions (come to conclusions)” (Fleuridas, Nelson and Rosenthal, 1986, p114).
3.3 RESEARCH THEORY

3.3.1 General Orientation

According to Mouton, (1985, p.44) and Babbie (1989, p.80) the aim of research in the social sciences is determined by the nature of the study, which may take one of the following forms:

(a) Exploratory studies that are designed to explore relatively unknown 'territory'. The methodology utilised for this type of research includes a thorough overview of the available literature, a collection of subjects that have appropriate experience with the specific problem, as well as the analysis of insight-stimulated examples.

(b) Descriptive studies that can vary from an in-depth description of a specific individual, situation or group. Alternatively, the emphasis can be on the description of the frequency with which a specific attribute may change in a given test sample. A description of this nature can vary from a narrative description to a statistical evaluation. What is referred to here is correlational research.

(c) Interpretative studies which looks at the causal connection between changes of events. The researcher in this case is not simply satisfied to indicate that there is a association or a correlation between two variables, but strives to determine the direction of the association. The aim/purpose is to attempt to explain specific phenomena in relation to certain criteria. For a valid causal interpretation to be made three conditions have to be met:

* a specific sequence of cause and effect would be established;
* a specific manifestation regarding the true cause of “X”;
* there is an identifiable connection between the variables.

Mouton (1985) points out that interpretative research also falls within the qualitative and unstructured paradigm, as interpretations of human behaviour in terms of motivation, intention, reasons and aims are taken into account.
Mouton (1985, p.49) also draws a further distinction between studies of contextual importance and studies with a context-bound research strategy where results/manifestations are studied for the insight/interest of the researcher. The latter refers to studies which have a more universal research strategy, whereby results or occurrences are explored for the interest or importance that these have as a representative sample for a larger group or population of similar conditions or occurrences.

According to Mouton (1985) the difference between contextual and universal research strategies are similar to the distinction between quantitative and qualitative methodologies. Mouton points out that we deal with contextual phenomena whenever the emphasis is focused on unique, one-off, non-repeatable or qualitative research.

In summary, Mouton (1985, p.120) distinguishes between the various types of research. In the first place, a distinction is drawn between research on so-called first-order phenomena (that is, all phenomena that are part of an individual's world of experience) and second-order phenomena (that which depends on the constructs upon which an individual attempts to grasp those 'first-order phenomena').

The second distinction that is drawn by the author is related to the nature of the data-reference that is utilized; that is whether new information can be assimilated or generated, and if information from existing references can be used. New data can primarily be collected through direct observation of human behaviour or by indirect means, such as by asking subjects to complete questionnaires.

The third distinction drawn by Mouton, is that which has been discussed previously, that is, to distinguish between studies which have a more universal interest, which tends to be of more interpretative-descriptive nature, as opposed to studies that are context-bound, which tend to be of a more descriptive-exploratory type.

Methodology and belief-systems, however, are inextricably bound with each other. For this reason, what follows is a brief account of the epistemology upon which
PTSD is conceptualized in the literature as well as the epistemological position of the researcher of this study.

3.3.2 Epistemological perspective

According to Keeney (1983) epistemology may be seen within a socio-cultural domain, as the study of how people or systems "know" and how they think that they "know". "Epistemology is therefore neither a map, description, theory nor modern paradigm. It is a process of knowing, constructing and maintaining a world of experience" (p.165). Keeney points out that it is impossible for a person not to have an epistemology. The implications of this for any guided endeavour is that a researcher (or therapist), whether conscious of it or not, will act in accordance with her/his own epistemological perspective.

Non-linear ecosystemic epistemology emphasizes the relevance of ecology, relationships and whole systems. As an alternative to the reductionistic viewpoint of linear epistemology, it focuses on inter-relationships, complexity and context. "It is about seeing patterns of relationships, rather than objects or things. It is about seeing the whole relationship in which parts are embedded. It is about recognizing complementarities rather than dividing the world into either/or dualism's" (Luckhurst, 1988, p.4). Ecosystemic epistemology is more than simply focusing on whole systems. It deals with conceptualizing about "wholes", in which patterns, functions and feedback loops are investigated.

It is important to acknowledge that when dealing with any relationship, both sides should be taken into account in order to recognize the whole ("Binocular vision"). This multiple punctuation is made possible by 'double description', and it makes the description of the whole of the cybernetic feedback pattern of relationships possible (Bateson, 1972; 1979). Thus, both the behaviour of the therapist (researcher) and the client (journalist) can be seen as recursively connected to each other and shared reality can be constructed (Keeney, 1983). The multiple punctuation of events enables what Luckhurst (1985) refers to as a "perspective of cybernetic complementarities..."
which allows us to view all mental and living processes, including stability and change, as recursively connected” (p.5).

The observer (researcher) is thus part of his field of observation and a metaposition is adopted by the researcher. Dell and Goolishian (1981) point out that the metaposition of the researcher results in ‘self-reference’ - because he influences his field of observation, he/she becomes part of his/her own observation. Keeney (1983) utilises the expression “cybernetics of cybernetics” (1983) in order to describe the observers inclusion and joining in the system that he is observing.

3.4 EPISTEMOLOGICAL PERSPECTIVE ON PTSD

1. Human behaviour embraces the notion that behaviour is inherent in the individual.
2. Behaviour can be explained in terms of personality factors and other background factors.
3. The origin of human behaviour is independent of human consciousness and events, of which the person is not aware. This can therefore be objectively researched in accordance with scientific principles and methods and can be verified by other researchers.
4. Human behaviour is determined or caused by other factors, events, and phenomena in the environment. The habitual, specific manner in which the individual responds to these environmental phenomena plays little or no role with regard to how he/she handles these events.

According to Olivier et al. (1991):

1. Human behaviour has no intrinsic properties, but is socially structured through collective human consensus. “It is relative rather than absolute because it depends on the norms and the consequent reactions of particular groups of people” (Olivier et al., 1991, p.48).
2. Researchers “… should not be guided by preconceived scientific ideas, since these can lead to a superficial knowledge about people ….. which does not offer a real understanding of human behaviour. Such an
understanding can be obtained only by experiencing things as specific actors .... experience them, and by judging the problems which such people experience in their daily lives” (p.49).

Olivier et al., point out that first-hand, detailed information is obtained from a person’s social reality, and that this reality should be reconstructed by means of unstructured or qualitative methods of investigation.

3.5 EPISTEMOLOGY OF THE RESEARCHER

The researcher of this study has been influenced by and aligns herself with a constructivist epistemology which may be seen as a result of the training she received as a psychotherapist.

The constructivist’s perspective is such that the observer/researcher takes part in the research process, in that which she is engaged in constructing. According to Von Coerster (1981) this perspective may be seen as one in which the observed system is not only described, but is one in which the observer system is emphasized. The so-called “observer” cannot be distinguished or cannot stand independent of that which “they are in the process of ‘observing’.

The basic premise of the constructivist’s perspective is “that we can never know what is ‘really’ out there” (Hoffman, 1990). According to Keeney and Ross (1992) in accordance with this perspective “all descriptions of families and family therapy are seen primarily as information about the observer or community of observers. In other words, listening to what a family therapist (or researcher for the purposes of this paper) claims he perceives in the process of the research, therapy tells more, or at least as much about the therapist/researcher (the observer) as about the family/journalists/subjects (the observed) (p.4). Hoffman builds on the theoretical perspectives of Von Glaserfield (1979); Keeney (1983); Bateson (1972); Boscolo and Cechin (1979) and the post-Milan research group. She states that there is no objective reality and that the defined problem is seen as a “system”.

3.6 RESEARCH STRATEGY

This research is conducted on the case study method because this lends itself and is suited to the gathering of information in a study of this nature.

Critical comments of the limitations of this method are:

1. Only a qualitative analysis of the data can be made.
2. All individuals of a relevant population cannot always be located.

On a positive note, this research method offers:

1. A qualitative study whereby the emotions, motivations and other factors that played a role in the handling of the events or the incidents that occurred can be described.
2. The information given is by individuals who experienced the trauma first-hand, and can be verified by utilising this research method.
3. Researchers can offer individual insights to the experiences of the respondents by being able to confront with non-verbal as well as other interpersonal approaches (Olivier et al., 1991).

Ecosystemic thinking provides the principles for a mode of therapy (research) "...in which the therapist (researcher) functions as a benign detective, seeking out with the participants the event-shape in time-space that contains the reported distress (research problem) (Auerswald, 1985, p.1). The concept of the benign detective is predicated on the constructivist notion alluded to earlier in the discussions around Maturana, and connotes a neutrality for the therapist/researcher.

3.7 THE QUALITATIVE RESEARCH DESIGN

The emphasis is on circular causality, on social context, multiplicity of perspectives, increasing complexity, individual meaning, differences and recursion (Steier, 1985). There is little about this research design that is neat and reductionistically elegant,
except that it is well-grounded in theory: "... life and research are inevitably messy" (Moon, Dillon and Sprenkle, 1990, p.364; Todd and Stanton, 1983, p.14).

**Process Research Design** is the most appropriate design of those in the qualitative paradigm. The criteria for this research design are met in that this dissertation represents a starting point in which a process is unfolding, the research is open-ended and is aimed at discovery and the eliciting of information which is largely a function of observation. The conclusions to be drawn are of a descriptive nature. Furthermore, the study is of clinical relevance (Yin, 1989; Rice and Greenberg, 1984).

An essential feature of process research is that it should permit the tracking of complex events over time (Moon, Dillon & Sprenkle, 1990). This study focuses on the experiences of journalists engaged in high risk, trauma-related work over an extended time period, and the process of analysis and discussion has unfolded over a period of many weeks.

### 3.8 ASPECTS OF THE QUALITATIVE RESEARCH DESIGN

#### 3.8.1 Theory

The theoretical basis for this research design and for the data which is being sought, has been discussed in chapter 2 and in this chapter.

#### 3.8.2 Questions

The research questions were loosely conceptualised prior to any of the interviews taking place in terms of the nature of the information that the researcher was interested in, that is, an exploration in journalists of the clinical phenomenon known as Post Traumatic Stress Disorder.

#### 3.8.3 Sampling

This procedure was based on the criterion that the journalist had to have been working at the specific radio station over the period of extreme unrest and violence, prior to the elections in 1994. The sample of five journalists was randomly assigned/selected.
provided they fulfilled the above-mentioned criteria and provided they indicated a willingness to participate in the study.

3.8.4 **Role of the researcher**

Participant observer.

3.8.5 **Data collection**

The hall-marks of qualitative research as described by Burgess (1984) and Mouton (1988) are as follows:

* The focus is on the observed, present situation of cases, although the findings are conceptualised within a social, cultural and historical framework.

* The research is carried out within a theoretical framework. Whilst there may only be a limited number of questions in order to orientate the reader to the study, additional questions may arise as the research unfolds.

* The research involves close, detailed, intensive work and the researcher takes part in the social situation that is being studied.

* The main research instrument is the researcher who makes every attempt to enter into the participant’s social context.

* Unstructured interviews in the form of informal interactions may serve to complement that which is being observed.

* The researcher is mindful of the implications of recreating any trauma, and thus attempts to unsettle or disturb the subjects (journalists) as little as possible.
3.9 UNSTRUCTURED INTERVIEWS

According to Olivier et al. (1991), data collection is conducted on an unstructured basis, which is fundamental to qualitative research. The authors point out that researchers adhering to the qualitative paradigm do not generally make use of structured interviews or questionnaires. Rather the approach is of a more informal nature, where in-depth discussions elicit information with regard to the specific situation that is being researched. The onus is on the researcher to formulate the questions in a way that will give substance and form to the research question that is under discussion, so that a deep understanding of the subject is obtained.

Schurink (1988, p.139) points out that data should be elicited in a systematic manner so that relevant information is included and nothing of relevance to the research question is omitted. A 'research schedule' referred to by Schurink (1988) is a means of ensuring that the researcher has some guidelines to lead him/her in the direction that he has in mind and also that there is something to fall back on in order to generate/stimulate further discussion.

3.10 REPORTING OF DATA

The nature of qualitative research is such that a great deal of data is collected which has to be written up so that it can be reliably analysed and worked on. According to Olivier et al. (1991) it is unavoidable that researchers often depend on their memory of the interview. The authors put forward the caveat of the danger of simply relying on memory as the means of storing the information for later analysis.

These authors state further that research with regard to disasters is subject to methodological problems, especially because disasters are usually unexpected and sudden and the preparation of an effective research strategy therefore becomes very difficult. It is not feasible that some pre-disaster measurement of the emotional condition of those involved in the disaster can be established.

They suggest that taped-recordings, notes or even videotaping of interviews ensure that the information elicited will be reliable and validly transcribed so that accurate
analysis can take place. The researcher of this study tape-recorded each interview and each tape was systematically transcribed so that data analysis could be conducted in a responsible and coherent manner.

3.11 DATA ANALYSIS

According to Schurink (1988) the researcher should investigate general themes, concepts or patterns of interaction that can be generalised across the study and that can be taken as behavioural norms. On the other hand, the researcher should be aware of any deviations from general patterns of interaction, and should attempt to establish why these differences have occurred. There is no fixed schema or rules for the identification of themes and norms.

According to Taylor and Bogdan (in Schurink, 1988, p.90) there are a number of general strategies that are helpful in facilitating the above-mentioned process:

* Reading and re-reading all the data. All additional notes, transcripts and other materials should be read and carefully studied, so that when the time comes to formally analyse the material, the researcher is familiar with what has been collected.

* Focus closely on all emerging themes, speculations, interpretations and ideas. The authors suggest that taking notes facilitates this process.

* Be aware of "developing" themes. According to Spradley (in Olivier et al., 1991, p.66) developing themes/patterns include discussions, use of language, repetitive activities, meanings, feelings and general expressions.

* Construction of typologies or classification systems, which are regarded as helpful in the identification of theories and concepts and the development of a theory.

* Study the literature. As soon as the time is appropriate to begin the intensive process of analysis, the authors regard it as essential to be very aware of the
relevant literature as well as the theoretical framework that is important for the research.

The research strategy of the researcher in this study was based on the format described above.

3.12 THE IMPACT OF THE NATURE OF THE FIELDWORK ON THE RESEARCHER

Olivier et al. (1991) points out that intimate contact between the researcher and the participant is a fundamental characteristic of qualitative research. This close contact facilitates an awareness of the person’s subjective life-experience; it also has an unavoidable impact on the researcher. Beyers (1987) points out that dealing with violence/trauma situations has an impact on the therapist/researcher who may experience feelings of isolation and depression (p.15).

In this chapter a thorough overview of the theoretical principles that are relevant with regard to this research project have been discussed. The results are described within the context of the theoretical framework on which the study has been based.
CHAPTER 4

RESULTS

“*My purpose was to stroll into the shade for a moment, but no sooner within that it seemed to me I had stepped into the gloomy circle of some Inferno.*

*Black shapes crouched, lay, sat between the trees, leaning against the trunks, clinging to the earth, half coming out, half effaced within the dim light, in all the attitudes of pain, abandonment and despair. Another mine on the cliff went off, following by a slight shudder of the soil under my feet. The work was going on. The work! And this was the place where some of the helpers had withdrawn to die.*

*They were dying slowly - it was very close. They were not enemies, they were not criminals, they were nothing earthly now - nothing but black shadows of disease and starvation, lying confusedly in the greenish gloom...*” *HEART OF DARKNESS*, JOSEPH CONRAD (p.65).

4.1 INTRODUCTION

The results obtained in the case study project are given in terms of:

(i) Participation and experiences of the primary victims (the journalists) all of whom were very involved in reporting on the violence during the pre-election period.

(ii) Where relevant, clinical observations are reported as well as any incongruencies with regard to the information obtained.
A thorough analysis of the transcripts in respect of each journalist was carried out.

Utilization of the qualitative method of research could render the results as lacking in objectivity. To ensure a degree of uniformity and consistency, a systematic method of extrapolating the data obtained, was followed.

The aim when extrapolating the data is to ensure that neither the content of what took place, nor the meaning (for each journalist) of the process of the experiences will be compromised.

4.1.1 Format

A clearly defined format will be utilised and the same format will be followed in respect of each transcribed account of the experiences. This will be as follows:

* Biographical information
* Interactional style/analysis
* Nature and extent of exposure to trauma
* Ideological meaningfulness for the involvement of each journalist.
* Specific symptoms/clinical observations/effect on psychological functioning
* Degree of social support
* Effect of exposure to trauma/violence on job performance and job satisfaction.
### 4.1.2 Biographical information

<table>
<thead>
<tr>
<th>RESPONDENT/JOURNALIST</th>
<th>SEX</th>
<th>AGE GROUP</th>
<th>LEVEL OF EDUCATION</th>
<th>MARRIED RELATION-SHIP</th>
<th>NO RELATIONSHIP</th>
<th>LENGTH OF TIME IN JOURNALISM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>30-34 yrs.</td>
<td>Tertiary Education</td>
<td>No relationship</td>
<td></td>
<td>4 years</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>30-34 yrs.</td>
<td>Tertiary Education</td>
<td>Steady relationship</td>
<td></td>
<td>± 8 years</td>
</tr>
<tr>
<td>3</td>
<td>Male</td>
<td>30-34 yrs.</td>
<td>Tertiary Education</td>
<td>No relationship</td>
<td></td>
<td>± 10 years</td>
</tr>
<tr>
<td>4</td>
<td>Male</td>
<td>35-39 yrs.</td>
<td>Tertiary Education</td>
<td>Married</td>
<td></td>
<td>± 15 years</td>
</tr>
<tr>
<td>5</td>
<td>Male</td>
<td>35-39 yrs.</td>
<td>Tertiary Education</td>
<td>Married</td>
<td></td>
<td>± 12 years</td>
</tr>
</tbody>
</table>

### 4.1.3 Interactional analysis

The interactional analysis is a process that focuses on "how" the client (journalist) describes his symptoms and also considers the relationship he/she has with the environment. The reasons "why" the journalist comes across in his idiosyncratic manner are not considered to be part of the interactional analysis (Beyers and Vorster, 1993).
A useful way of observing this process is analysing **how** the journalist engages with the researcher and the **manner in which** he/she relates within the context of the relationship.

According to Swart and Wiehahn (1979) there are five aspects that should be considered when a problem analysis is carried out:

1. **In what manner does the journalist relate his story to the researcher?** For example, does the journalist come across in a guarded, distanced, aggressive, submissive, blaming, uncertain, complaining or open way. How does he/she speak? In a monotone, quickly, quietly or emotional way?

2. **In what manner does the journalist relate to the researcher?** For example, does he/she come across as inferior, superior, dependent, independent, controlling, cold, warm or neutral way?

3. **In what way does the journalist talk about his/her problem?** Is the journalist for example, vague, uncertain, uninvolved, in touch, or is he/she bitter, cynical, self-blaming, resentful or overwhelmed? Does the journalist talk in a congruent way or does he/she give inconsistent double messages?

4. **What does the journalist achieve by his specific behaviour within the system that he works in?** In other words, what is the function(s) of his/her way of coming across? In this context, it is especially important to look at what the journalist is manoeuvring for, the nature of his manoeuvres and the response from the environment that his manoeuvres evoke.

5. **What is the nature of the relationship between the researcher and the client?** By exploring this relationship, the researcher is able to assess how the client's behaviour in the system is maintained, the features of rigidity and the behaviour patterns that make up the client's interactional style.
Beyers and Vorster (1993) build on Swart and Wiehahn's (1979) five-point guideline, and name the following as an important factor in the construction of an interactional analysis:

* What are the journalist’s strengths and in what way does he utilize these?

The authors state that by a thorough investigation of the client's strengths and available resources, the therapist (researcher) is able to mobilise the client in a therapeutic relationship or a research project of this nature.

**Journalist no. 1**

He spoke in an intense, open and urgent manner when he described the incidents to which he had been exposed. He comes across as a genuine articulate person who appeared to want to draw the researcher right into his world by virtue of his vivid recall of events in great detail and in sequence. He gives a sense of being very real and also very vulnerable and alone in terms of the trauma he has been through.

**Journalist no. 2**

She spoke with authority and with a sense of being in control, despite having been witness to gruesome acts of violence. She comes across in a detached manner in that she is able to tell her story in an articulate and sensitive manner, although she does not give the impression of vulnerability and fragility. She appears to be in touch with the realities of her job demands but seems to manage to keep these contained so that the exposure to violence does not appear to impact on her emotionally.

**Clinical impressions:** She presents as very articulate and genuine. There was a “matter of fact” quality inherent in her interactional style.

**Journalist no. 3**

He comes across as excitable, agitated and very volatile in his manner of speaking. He was very verbal and the researcher was of the opinion that this interview was an opportunity for him to verbalise the many pent-up emotions that he had kept back for
a prolonged period of time. He spoke with sustained vigour and enthusiasm as he related in great depth the extent of the exposure to violence that he had been subjected to. He gave the impression that he was re-living every detail of what he had gone through; the images have remained with him even though there has been a significant time lapse since he had experienced that which he described.

Journalist no. 4

He comes across as open and very committed to his job as news reporter. He spoke with an intensity and fervour that made a graphic impression on the researcher in terms of his sincerity and his genuine purpose to “the cause”. He was experienced as very congruent and he evoked a deep sense of empathy as he describes his encounters and his exposure to high levels of violence and suffering. Despite his commitment to his cause, the researcher was very aware of the range of emotions that were aroused by the context and process of the interview and the re-telling of the experiences that he had undergone.

Journalist no. 5

He came across as very articulate with a capacity to convey the extent of his emotional experiences, albeit in a guarded and controlled manner. He displayed minimal emotion when he described the horror he had lived through and the researcher detected the attempt to distance himself emotionally as a way of coping with all that he had endured. He displayed an exceptional ability to describe with vivid clarity all that he had gone through, but his expression of the horror of his encounters/experiences was tempered with an intellectualization which had the effect of playing down the full extent of the horrors he had lived through.

4.1.4 Nature and extent of exposure to trauma and violence

Journalist no. 1

Has been involved in politically aligned organizations and has been exposed to high levels of violence on a political and law-enforcement level since 1978 - was subjected
to a number of life-threatening incidents in his capacity as a news reporter. His exposure to events that were perceived by him as intense and threatening in nature has been over an extended/prolonged time period.

**Clinical Impressions:** He presents as somewhat cynical and "spent" as a result of the violence to which he was exposed.

**Journalist no. 2**

Has been very involved in interaction with the politically and socially underprivileged, having worked in squatter camps for an extended time period, during which time she was faced with multiple life-threatening situations.

- was imprisoned for a period of 6 months at the age of 21 years as a result of the work done in the townships;
- has been directly involved in full-scale violence in the townships in the course of her reporting, and has been exposed to the gruesome horrors of a war-like situation;
- was directly involved in identifying the body of a journalist colleague who was killed in township violence.

**Clinical Impressions:** She displays the capacity to involve the researcher in her world - yet maintains an air of professional detachment as she relates the extent of her exposure to violence.

**Journalist no. 3**

Has been involved in journalism for 15 years during which time he has witnessed many violent and traumatic events first-hand. He completed his military training and was active in his capacity as a crime reporter during the height of the township violence, and at the Bisho massacre. He was a close friend of a journalist who committed suicide and was closely affiliated with a crime photographer who was killed just prior to the 1994 elections.

**Clinical Impressions:** He has the capacity to share some very real emotions with the researcher. He describes many of his ordeals in a highly emotional manner.
**Journalist no. 4**

Was an integral part of the 'struggle' from an early age and began his career as a trainee reporter in Maputo. He gradually worked his way up at the radio station in Mozambique and was required to cover stories relating to the war effort, interviewing victims of the war situation and interacting with refugees on a regular basis. He heard stories of boys being forced to rape their mothers, of children whose mouths were cut for telling horrible stories. He spoke to Renamo rebels. He moved to South Africa and was exposed to severe violence and trauma as he covered events in the townships, specifically Thokoza and Katlehong.

**Clinical Impressions:** He came across as genuine, excitable and proud of his contribution to the "struggle".

---

**Journalist no. 5**

Has been exposed to high levels of trauma, both on a personal and a professional level. He was subjected to extreme violence and trauma whilst working in a freelance capacity in the Eastern Transvaal and on the East Rand where he witnessed first-hand shootings and the vicious attacks on people, property and vehicles. He had close personal contact with two well-known journalists who were killed in the township, and was a friend of the journalist who took his own life.

**Clinical Impressions:** He presents as somewhat down and very tired. He willingly shared his experiences, although on an intellectual level.

It is clear that all the journalists interviewed for the purpose of this study (5) have been exposed to high levels of violence in the course of their work demands. One subject had previously endured extreme trauma in his personal capacity.

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4.1.5 **Ideological meaningfulness for the involvement of each journalist**

**Journalist no. 1**

Journalist no. 1 committed from an ideological perspective: "Given the political background, I had the ideological tools which helped me in some way explain the
chaos that was going on .... Not being in a 'bubble of neutrality' helped me to deal
with it in some way.”

**Journalist no. 2**

Journalist no. 2 was involved in an active constructive capacity from an early age.
Was imprisoned for some time. Is able to distance herself emotionally from the
trauma she has experienced. “I think that because I had been involved in the anti-
apartheid struggle that really helped me as a journalist.”

**Journalist no. 3**

Journalist no. 3 has been involved in journalism and media-law for over 12 years. Has
studied politics to the honours level.

**Journalist no. 4**

Journalist no. 4 was emotionally very involved as part of the struggle constituted the
essence of his socialization process.

**Journalist no. 5**

Journalist no. 5 has worked as a political journalist for the past five years and prior to
that, on a sporadic basis. He has suffered severe personal traumas for which he has
received psychotherapy. His degree of ideological involvement is unclear.

Four out of the five journalists were ideologically committed to the “struggle”. There
is insufficient evidence to classify the fifth journalist as ideologically committed.

### 4.1.6 Specific symptoms of PTSD and clinical observations on the effect on
psychological functioning

For the purposes of this study, recurring themes were evident. The following
symptoms of P.T.S.D. were identified:
Evidence of intense fear, horror, helplessness

**Journalist no. 1**

He has experienced intense fear. Describes his experience in Boipotong as having "cut incredibly deeply". He goes on to disclose that "I was in front of the line of fire when they started shooting ..... A person was killed right next to me ..... It could have been me!"

Later he comments on witnessing the police having killed/shot someone in the township and he says: "He was lying in a cell, frozen like death row .... the way he was lying and the grimace on his face. The image remains ..... I mean, I can still see it very clearly."

**Clinical Impressions:** He spoke about his experiences as if they had just happened. He appeared to relive each experience he described.

**Journalist no. 2**

She has experienced intense fear. “During the height of the violence, there wasn’t a day that went past without talk of death, without witnessing bodies littered along the township, and you see the morgue vans collecting all the bodies ..... those were the things that come to mind.” She states: “it is exposure to fear (and to death) which is perhaps more of a frightening thing in some way .... you know you can leave at any time ... it’s your choice to be there .... but at the same time you don’t know when you are going to turn a corner and then suddenly ......”

**Clinical Impressions:** She presents as very genuine in her acknowledgement of the extreme trauma to which she was exposed, yet she did seem to be able to separate from the horror of what she described.

**Journalist no. 3**

He has experienced intense fear, horror and helplessness. He describes the Bisho Massacre as "... the biggest, the most traumatic event that changed my life completely." He recalls the events of the Bisho Massacre in graphic sequence and
states: “You could hear this machine gun just blitzing away and I remember this guy’s stomach was open, and he was gurgling and there was nothing you could do, and as I watched, he just died and I turned in horror to see this guy with the back of his head blown off and .......

Clinical Impressions: He gave a graphic verbal account which was so vivid that the researcher experienced exactly what it must have felt like to be there.

Journalist no. 4

He describes his experiences of intense fear and helplessness which had a very profound impact on him ...."There was a war going on in Thokoza and Katlehong .... I was lying next to a peace-keeping force member under the peace keeping vehicle, and he was cocking his rifle and I asked: “Are you going to shoot? ... because I didn’t want to get caught in the crossfire .... and he was sort of not knowing what to do, and everyone was tense, and I was panicking .... and suddenly there were screams and somebody had been shot and there was confusion and people shouting .... and one journalist was killed ... he did not survive the terrible war .....”

Journalist no. 5

He has experienced intense horror, helplessness. Describes a freelance assignment that he was on in the Eastern Transvaal where he witnessed a murder for the first time “...which shocked me very deeply at the time.....” He verbalised his intense sense of helplessness and a “....feeling a great danger...” at being stopped at a barricade by twenty to thirty 12 year olds sniffing glue and pouring petrol bombs .....”....a kind of nightmarish situation!” He recalls one particular vicious attack. “... literally came across the sight of the street set alight and people lying dead or wounded.”

Clinical Impressions: He comes across as describing the events in an emotionally detached manner.

All five journalists, at one time or another, experienced feelings of intense fear, horror and helplessness.
4.1.6.2 Evidence of nightmares/flashbacks

**Journalist no. 1**

No recall of specific intrusive dreams or flashbacks.

**Journalist no. 2**

No recall of specific nightmares or flashbacks. Describes nightmares in response to deadlines of financial responsibilities.

**Journalist no. 3**

Recalls “bad dreams”, but states that he can’t remember them. Feels “glad” that he has a taped recording of the Bisho Massacre ... states “...that it plays like a movie in my mind. It was three years ago, but it plays like a real movie.”

**Journalist no. 4**

Does recall intrusive dreams. One recurring dream that he has had on an ongoing basis is “...falling off a building and just going down and down and I have to fall otherwise there is trouble .... sometimes I scream and my wife says: ‘Hey, what’s wrong?’ Besides this dream, I don’t remember any others.

**Journalist no. 5**

I kept a dream diary.... and recorded quite a few dreams at the time.... I don’t recall actually dreaming about the horror images that I saw, but I would dream of fear and many of my dreams would be tinged with my reality like Inkhata is climbing over the gate trying to get to me or I don’t make it to the newsdesk on time, or I don’t have the news bulletin in front of me, and I’m on the air and I just go blank .....” Does have flashbacks and he describes this as follows: “It was this grotesque human shape that was engulfed with flames and that is what I think of always when the scenes of township violence come back to me ... the single image that almost feels like it is branded on me.”
Three out of the five journalists interviewed, recall intrusive dreams and nightmares. Only one journalist specifically made reference to flashbacks.

4.1.6.3 Emotional numbing and feeling of isolation

Journalist no. 1

Journalist no. 1 experienced a marked sense of isolation. Even though the people I was mixing with had some understanding and sympathy for the situation, there was still no way you could actually begin to explain to anyone ..... I felt isolated .... angry .... I suppose in a way schizophrenic ... there was a sense of a complete split within myself.”

“... ultimately, it’s sort of looking for some kind of numbness .... it’s looking to block something out.

... really, what was most painful ...really shocked me, was the alienation from my friends ... the isolation ... and I still feel that very much .... It’s a completely lonely kind of job ...

Journalist no. 2

She has developed the ability to remain objective in an emotionally-charged situation. She describes being able to distance herself from the horror of a given situation. “It was terrible for my friend ... and I felt for her ... I did ... but when I was there face-to-face, It had a surreal quality ... I could acknowledge that the sight of bodies with limbs chopped off was revolting and was probably one of the ugliest sights I’ve ever seen ... but after the fact, I didn’t have nightmares about it ... I didn’t keep thinking about it ..., sometimes it is not so good in terms of personal relationships ... because I tend to block myself off completely from people ... Sometimes I wonder about myself ...”
Journalist no. 3

He describes his sense of being emotionally removed from potentially dangerous situations (depersonalization). “Didn’t feel a thing at all/” He tells how in actual fact “... nobody will listen and nobody can listen because they hear the stories and they are so outrageous that they either think you are bragging or lying.... So you start talking and you can just watch how they change the subject and it is very frustrating .... it is an alienating experience.”

Clinical Impressions: It was interesting that he had the sense of being emotionally removed during the heightened violence - this came across when he described scenario’s in a movie-like style.

Journalist no. 4

Describes being commended for doing a good reporting job during an incident in Katlehong and the sense that went with that of being removed from what was happening. “That evening I would just sit down and collect my thoughts, away from the scene, and it looked like I was trying to shut it out and then I had to come and do a package for the following morning so we could replay that and everything..... By then, I really felt tired, I really felt drained and I said ..... Can I really handle another day like that ..... I’m not sure!”

Clinical Impressions: Very genuine and sincere.

Journalist no. 5

He describes with deep insight and accuracy his emotional numbness and detachment..... “I remember very vividly the sense I suppose of a kind of numbness from what was happening .... an emotional detachment; firstly because it was horrific to look at and secondly because I was there in a professional capacity having to report on it .... and that was the hook that pulled me through...

I also think I pigeon-holed a lot of emotions and my way of processing it would make me more emotionally detached from myself --- which had serious repercussions later.”
Four out of the five journalists interviewed report a sense of emotional numbing. One journalist of the five regarded her response more as a protective detachment.

4.1.6.4  Evidence of substance abuse/increased usage of alcohol and other substances

**Journalist no. 1**

He describes his realization that he was starting to rely on chemical substances to get him through.....

"The combination of events started to affect me in a way I never realised ..... I started to take too many drugs and started to drink too much .... and sort of in a way to withdraw from my friends and my fears. It certainly wasn't a one-off binge ... I mean I detected a pattern in myself, very much of a slower, more insidious thing that slowly creeps in ... that one drinks more... I find that once I start, I find it difficult to stop. Ultimately, it's about looking for some kind of numbness."

**Journalist no. 2**

She states that when she is with people who drink, she tends to drink more. But there is no evidence that there has been an escalation in her pattern of drinking. "I always know when to stop."

Clinical Impressions: Once again, the sense of her always being on top of things.

**Journalist no. 3**

He has an established pattern of drinking with many of his friends ... It was one big non-stop party .... We drank to party...." He stated further that he doesn't use any drugs and that he did not perceive his drinking escalating in relation to the violence and trauma that he was exposed to.

Clinical Impressions: Very much in line with how he comes across - i.e. reckless, risk-taking behaviour.
**Journalist no. 4**

He reports that he used to drink and smoke excessively during his work in the townships, but has since managed to curtail his drinking and give up smoking.

**Journalist no. 5**

He describes his drinking as ‘quite heavy’ at times, but adds that this is socially acceptable amongst journalists. He goes on to describe a close friend who was a journalist, who took his own life ... “I could see he had a very self-destructive personality... you can read somebody who almost attracts malignant forces to them, and in a way there is a mixture of looking for that excitement and of not caring for oneself and those around you. If you think about it, collectively people like that take away the glamour of it all and for me it helped with a realigning of my sense of priorities and sensibilities.

**Clinical Impressions:** He tended to make use of intellectualization and focused on the behaviour of his colleague rather than his own.

Three of the five journalists describe their escalation in drinking and/or drug use. One of the five did experience a tendency towards increased drinking, but has now managed to curtail this. One journalist was not affected by increased reliance/resorting to drinking/chemical substances

**4.1.6.5 Evidence of relationship problems**

**Journalist no. 1**

He is not in a committed close relationship. He states that “...trauma renders personal relationships very vulnerable.” He added that after the exposure to violence, his “intimate relationships shattered completely. It’s a price I pay. I don’t know if everyone feels that.”

**Clinical Impressions:** He came across as somewhat detached from his comments on the ramifications of traumatic events on relationships.
Journalist no. 2

She has not experienced the trauma as having impacted negatively on her relationships. She is currently involved in a close, steady intimate relationship.

Clinical Impressions: She appeared to have managed to separate her relationship needs from the traumatic and stressful nature of her job requirements.

Journalist no. 3

He acknowledges the havoc that his job-demands play with close relationships. He states that “...it’s been very fortunate that whenever there have been situations of extreme violence or extremely traumatic occasions I haven’t been involved in any serious relationship. In a way I’ve been avoiding serious relationships .... I’m not interested because I can see how that can be badly damaged when you go through all the muck......”

Clinical Impressions: He tended to channel all his effort and energy into his work demands as a means of avoiding the additional responsibility of a concurrent relationship.

Journalist no. 4

He is married. States that after a period of prolonged stress ... “I found I became short-tempered, irritable. I think I’ve been unfair, very hard on her .... I tended to shut her out completely.”

Clinical Impressions: He came across as honest, genuine, and he displayed insight into the effect of his behaviour on his wife.

Journalist no. 5

He is married. Has experienced difficulties in his personal relationship as a result of his emotional detachment and his gradual withdrawal from his close relationship.

Clinical Impressions: He came across as somewhat removed and emotionally distant when discussing this issue.
Four out of the five journalists experienced the trauma as having had an impact on their ability to maintain/sustain close personal relationships.

One journalist out of the five did not experience any adverse impact on her relationship.

4.1.6.6 Symptoms of depression and suicidal ideation

Journalist no. 1

He has experienced feelings of alienation, isolation, anger, loneliness and emotional numbing.

After one of his colleagues had killed himself - four days later, "...I had an experience which I never .... which absolutely terrified me .... it was a suicidal impulse .... it wasn't an intellectual idea.... I definitely thought of suicide ... rationalized it ... thought about how I would do it .... it happened one night when I got into bed and the thought that nothing was worth it ... there was no life ... it was terrifying .... after that I immediately went to see somebody about it."

Journalist no. 2

She manages her feelings and her emotions by tending to "...cut off emotionally."

States that she has experienced feelings of severe depression which she sees as related to personal issues in her life, and she describes the "...job as a saviour." Has never actually thought of suicide.

Journalist no. 3

Has experienced depression - but has always rationalized that he has no reason to be depressed (denial). Had a particularly difficult period in his life (+ 6 months) when he states " ... I couldn’t work at all ... I couldn’t get out of bed in the morning."
He made no reference to any thoughts of a suicidal nature.

**Journalist no. 4**

Reports feeling of depression after a colleague of his was killed. He says: ‘...it was my worst moment in Thokoza and Katlehong ... it was the first time I had ever been that close to death ... I remember saying that I didn’t ever want to go back to Thokoza.... I felt drained emotionally and my body felt so tired.

There was no reporting of suicidal thoughts.

**Clinical Impressions:** He came across as genuine and emotionally vulnerable.

**Journalist no. 5**

Reports that he often has the desire to cry and that he holds back putting up a barrier between his real feelings and the face he has to portray to the public. No reporting of suicidal ideation.

All five journalists report feelings of severe depression at some point during the height of the violence. One of the five journalists admitted to having suicidal thoughts.

4.1.7 **Evidence of support systems**

**Journalist no. 1**

Describes his feelings of isolation in relation to the people around him who act as his support. “That complete split ... and even though the people I was mixing with had some understanding and sympathy for the situation, there was still no way you could actually begin to explain to anyone.”
Further on in the interview, he states that "... he can share things and people are interested, but in one incident in Boipotong, as the gunfire was heard, I can remember knowing and thinking it was like wild animals being shot ... that justice doesn't exist in this situation ... that nothing would happen and nothing did happen.

With reference to talking to significant others about the trauma of his work, he states "... there is a terrible macho ethos between journalists - one that I cannot relate to at all...Talking about their war experiences as soldiers would do .... Bar-talk isn't cathartic, because it does not get to the essence of things."

When asked about psychological debriefing, he stated that there was a limited amount of money allocated for this purpose, which was used up very rapidly.

Clinical Impressions: He came across as if he felt very isolated and alone during this period, despite the fact that there were people who could have been helpful.

Journalist no. 2

She disclosed that she had a lot of friends who are journalists to whom she could talk. She added that she has many good friends who are not in the same profession as she is that she is able to talk to and who are interested in what she does. She said that by talking about her work to her non-journalist friends ... "they acknowledge how awful it is and you sort of realise that it is awful." She said that "...if you speak to journalists, they are hardened and they share the experience which is good .... but you've shared the same thing, so it's no big deal if you see a couple of bodies .... so what!"

In terms of feeling supported, she acknowledged that her colleagues tended to underplay the emotional component whereas good friends are a lot more receptive to what she went through and can respond in an empathic and understanding manner.

She is in a stable, steady relationship. She is close to her boyfriend's family and has many close friends, all of which are experienced by her as a very strong support system.
Journalist no. 3

He has family who live relatively close-by and they meet on a regular basis. He acknowledged that he doesn’t really speak to his close family members about the details of his job. His sense of frustration was evident when he said: "...it’s good to be able to talk to a professional person because the problem is that nobody will listen to you ... they just change the subject...."

The researcher did not get the sense that this journalist had a solid support network.

Clinical Impressions: Came across as somewhat isolated from significant others. Although he was resigned to his situation, there was evidence of frustration and a sense of alienation from others.

Journalist no. 4

Although he is married, he chose not to share the details of his work at the height of the violence with his wife. He felt that this would be excessively stressful for her and therefore discussed things in a general way with her. When asked whom he turns to for support, he stated: “The colleagues around me gives me moral support and that makes me feel at least that somebody cared ....”

He added that now the emphasis of his job has changed, and he no longer has to deal with violence on an on-going basis, he is aware of her feeling of being "...shut out... and her need to feel a part of his world and this in turn encourages him to be more open.”

Journalist no. 5

He has had to cope with previous severe trauma, and had to turn to professionals in order to help him to cope with many of the overwhelming feelings he experienced. Did obtain support from the media fraternity and from his family members.
Two out of the five journalists felt that they obtained insufficient support from significant others. One journalist received moderate support and two obtained a high degree of social and emotional support.

4.1.8 **Effect of exposure to violence and trauma on job performance and job satisfaction**

*Journalist no. 1*

Stated that he has been a journalist for five years (since 1990) “...so it has not been very long at all... although it’s long enough ... on some level.” He added that he “...never chose to do crime reporting ... it was politics that I wanted to do reporting on ... I think that the fact that I was politically involved in Cape Town for ten years, tells you that my nature is in some way to be at the ‘cutting edge’ as we would call it ... There is a fascination on some level, not for violence necessarily, but for the social conflict that happened.” He says that “...having the political training and the political background, helped me in some way to explain the chaos of what was going on ... in some way I think it made it easier to deal with it.”

He identified with the police/authorities (having been a member of the police force prior to becoming a journalist). “I could see these young policemen standing there - lining up - they were about nineteen years old - like I was when I was a policeman, and they were terrified standing there with their guns ....” He goes on to state that it was the most difficult thing that I had to resolve .... I knew that it was much easier to hate them, but I could see their fear, their conflict...” He describes his job as “a completely lonely job” in that very often he finds himself driving all over the country on his own... chasing a story.... Spending time watching the entire “text-book” like scenario of the government changing right in front of your eyes.

He points out that “...I’ve reached a stage now where I don’t actually want to go into those situations anymore at all, and particularly now, because the political lines are
not clear.... now I’m terrified to go into the situations of crime, gangsters and taxi-wars.

When asked whether he was going to continue this kind of work, he responded that he thought that it was coming to an end and that he’d do more documentary work, “...where you don’t have to be on the front lines....”

**Journalist no. 2**

I think a lot of journalists are “disaster junkies or adrenaline junkies .... so it’s a weird combination of wanting to be right there because you’re a journalist and you want to be where the story is and at the same time not wanting to be there ... I was never one of those people who would rush to the scene. I always tended to hang back in the car ...

One of the things in journalism is one doesn’t really deal with the aftermath of grief ... It’s traumatic at the time ... you hear of some poor woman telling you how her son was shot or something awful that happened in the family ... and you sympathise at the time and whatever ... and that’s it ... you don’t hear about it again. This job ... is a lonely job... Now that things are quieter...the journalists are coping less well than when things were hectic ... I think they (the journalists) are burnt out ... before they had to keep going but now, even a simple press conference is something that they can’t do ...

“The hours are very long .... I think a major problem is in terms of time management”.

“Being involved in the anti-apartheid struggle helped me as a journalist ... I have had a lot of exposure... I wasn’t surprised to see a police beating, it wasn’t a shock to me ...

It was something that I either knew or had seen ... That also makes a difference ...I think it must be very traumatic if you come in from a provincial South African background and confront it for the first time ... I think that can be very stressful ... I personally love interviewing people ...I love going into the field and being out there where it is all happening ....” “I loved coming to work ... there was recognition.”
"The journalists are coping less well than when things were hectic ... I think they (the journalists) are burnt out ... before they had to keep going, but now, even a simple press conference is something that they can't do ...."

**Journalist no. 3**

"I’m very aware of a problem ... that there has been a problem ... I don’t know why I don’t do anything about it .... I think what needs to happen is an accessible meeting for all journalists .”

Clinical Impressions: The researcher was aware of a strong need to avoid confronting feelings that had become overwhelming for him.

**Journalist no. 4**

"I think that I am very lucky ... like many other journalists who survived the terrible war ... I mean, there was a war going on there in Thokoza and Katlehong."

"After a particularly horrific incident about two weeks before the elections, I couldn’t believe the emotions ... I said: “How can this be happening ... and I got scared ... I got really scared ... I felt drained emotionally, and my body was feeling tired and ... One thing I couldn’t do at the height of the violence was watch the news on TV... I just couldn’t ... I didn’t want to watch ......”

**Journalist no. 5**

"Afterwards, during witnessing these things, I feel quite detached emotionally from what was happening ....it was, I suppose, a kind of numbness .... The other part of it which I find hugely disturbing was the adrenaline or excitement of being in the situation and the feeling of emptiness that would follow afterwards, because it’s all life and death ... It trivialised other issues which should have been important in my life.”

Four out of the five journalists recognized the negative impact the unremitting violence had on their ability to perform optimally in their jobs. One journalist (the
only female in the sample) out of the five did not perceive that the violence/trauma to which she was exposed had a deleterious effect on her ability to perform to her maximum potential. In fact, on the contrary, she appeared to see her role even more positively and acknowledged that the recognition she received for the work that she did, kept her very in tune and involved.

The results will be discussed in the following Chapter, in conjunction with the appropriate literature (as described in Chapter 2).
CHAPTER 5
DISCUSSION OF RESULTS

"They passed me within six inches, without a glance, with that complete, deathlike indifference of unhappy savages. Behind this raw matter one of the reclaimed, the product of the new forces at work, strolled despondently, carrying a rifle by its middle ... seeing a white man on the path, hoisted his weapon to his shoulder with alacrity ... He was speedily reassured, and with a large, rascally grin and a glance at his charge, seemed to take me into partnership in his exalted trust. After all, I also was a part of the great cause of these high and just proceedings."

HEART OF DARKNESS, JOSEPH CONRAD (P.64).

5.1. INTRODUCTION

This investigation of the effect on journalists of exposure to violence and unrest, is an exploratory-descriptive qualitative study. In this chapter, the results obtained are discussed within the context of the available literature on disaster theory and combat-related Posttraumatic Stress Disorder.

The results will be discussed in terms of:

(a) factors involved in coping with job-related violence to which journalists (primary victims) were exposed.

(b) Influence of the trauma/violence on the psychological and emotional functioning of each journalist.

(c) Where appropriate, clinical observations are included in order to augment the data described by the journalist.
5.2. THE EXPERIENCES OF THE JOURNALISTS ON EXPOSURE TO EXTREME, ON-GOING VIOLENCE, TRAUMA AND UNREST

5.2.1 Posttraumatic stress symptoms in the Primary Victims

The majority of the literature on PTSD resulted from clinicians treating military personnel during wartime. Miller (1994) points out that traumatic stress syndromes are being increasingly recognised as a component of witnessing violent acts or horrifying events. According to Matsakis (1992) Posttraumatic Stress Disorder can develop in persons who witness trauma on a daily basis or who are subject to “nearly constant and unabated stress as part of their job” (p.9). Matsakis states further that PTSD has been found among rescue workers, fire-fighters, and doctors who serve in war situations.

It therefore becomes apparent that the journalists who took part in this study could be susceptible to posttraumatic stress symptoms, as they were subjected to the “nearly constant and unabated stress as part of their job” (quoted above).

DSM IV describes stressors “...likely to produce death, injury or damage to physical integrity” as being able to produce a severe and debilitating disorder. It has been shown that all five journalists were exposed to constant life-threatening violence on an unremitting basis.

The consideration of the ideological meaning an event or a series of events has for an individual, was included in the results of this study as it is believed that an identification with the reason for the violence and a belief that it is a necessary condition for resolution of long-standing problems would render the journalist as more equipped to deal (ideologically) with the violence and horror that he/she is exposed to.

Bettelheim (1988) points out that those who survived optimally in the concentration camps in the Second World War were those who had an inner faith and strength which came from religious or political belief.
Those prisoners who blocked out neither heart nor reason, neither feelings nor perception, but were kept informed of their inner attitudes, even when they could hardly ever afford to act on them, those survived ... They came to realize what they had not perceived before; that they still retained the last, if not the greatest of human freedoms: to choose their own attitudes in any given circumstance” (pp.158-159)

Parkinson (1993) highlights that a firm belief and conviction can help the individual with survival, although it is not a guarantee against suffering.

Four out of the five journalists had a definite, clear ideological basis for their degree of involvement in the township violence. The degree of belief and conviction of the fifth journalist is not clear.

5.3. SYMPTOMS OF PTSD MANIFESTED BY THE JOURNALISTS IN RESPONSE TO THE VIOLENCE AND UNREST WHICH THEY WERE EXPOSED TO IN THEIR WORK

5.3.1 Evidence of intense fear, horror and helplessness

DSM IV regards the experiencing, witnessing or being confronted with events that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others, and the experiencing of intense fear, helplessness and horror as the fundamental risk factors in the development of PTSD.

It is clear that all the subjects that took part in the study reported feelings of "intense fear, helplessness and horror" at some stage during their job requirements. Parkinson (1993, p.95) points out that the male/macho attitude prevalent in society involves the belief that woman can and should express emotions, whereas for 'real' men to do so is a sign of weakness or lack of character. The researcher sees this as a particular problem inherent in those
professions that deal with violence and trauma on an on-going basis. "It is a healthy society that takes trauma and loss and accepts as normal and natural the reactions of post-trauma stress" (p.96). It thus becomes clear that the way in which we think about trauma and loss will determine our ability to cope with the feelings and emotions generated. Sadock and Kaplan (1994) concur with this and specify that it is the subjective response of the individual to the stressor rather than the magnitude of the stressor that plays a part in the development of PTSD symptomology. It is interesting to note that the only female subject involved in the study appeared to cope effectively with the trauma to which she was exposed. This is an interesting observation based on the notion that women are more prone/susceptible to emotional expression than are her male-counterparts. This may be explained when referring to the interactional analysis/coping style of this journalist (see Chapter 4). “She has the ability to keep the realities of her job demands under control, so that exposure to violence does not appear to impact on her emotionally”.

Because there was only a single female subject involved in the study, no significance can be ascribed to the ability of the female subject to withstand the onslaught of feelings of extreme fear and horror. The male subjects expressed feelings of extreme horror, fear and helplessness which impacted on their functioning to a far greater extent than the researcher believes it affected the female subject. In this context it should be noted that ideologically the female subject was very committed to the ‘cause’ which may have contributed to her ability to withstand all the stress to which she was exposed. Furthermore, her previous exposure to violence in the townships did prepare her for similar events in this context. Three out of the four male subjects appeared equally ideologically involved, yet despite their firm political belief, these three male journalists experienced very extreme feelings of horror and helplessness, which did appear to impact on their ability to function in an optimal manner. The fourth male journalist, whose ideological conviction was not clearly defined, also reacted in a manner that suggests that the exposure to trauma and violence did impact on his functioning in a destructive and damaging manner. From the
description it would seem that the interactional style of coping has a prominent role to play in how trauma is subjectively perceived by the individual, how events are processed and the subsequent behavioural/psychological responses of the individuals concerned.

5.3.2 Emotional numbing and feelings of isolation

DSM IV refers to feelings of detachment or estrangement from others (criteria C.5) which were clearly evident in the transcripts of all five journalists. It was interesting that each subject developed a specific way of dealing with the feelings of isolation and the emotional numbing that may be seen as a direct result of the violence to which they were exposed.

DSM IV refers to efforts to avoid thoughts and feelings associated with the trauma. The writer places the increase in reliance on chemical substances to help the individual to handle the effects of the trauma as a means of avoiding thinking about thinking. (That is, self-medicating). Three of the five journalists reported an increased tendency to substance abuse that they, in retrospect, saw as having a direct link to the level of violence to which they were exposed. Two of the five journalists - one of whom is the female subject - did not regard their pattern of drinking as directly related to an attempt to avoid thoughts or feelings associated with the trauma. These two subjects did not regard their pattern of drinking as escalating in response to the trauma and violence. This may be ascribed to the coping style, the ideological basis for their involvement and to the norms and expectations of the social/cultural groups of which they are a part.

5.3.3 Evidence of Relationship Problems

Criteria C6 in DSM IV describes a restricted range of affect/the inability to have loving feelings as indicative of PTSD symptomology. Subjects were questioned on the impact of the trauma on their close relationships. Four out of
the five journalists reported the deleterious effect of the exposure to trauma on their relationships. These four subjects all acknowledged that what they went through during the period of unrest made a very negative impact on their ability to sustain close, meaningful relationships with significant others.

The fifth subject, the female in the sample, did not experience the trauma as having impacted negatively on her relationship. She is currently involved in a close, steady relationship which she does not feel has been compromised in any way.

Of the four journalists who perceived the negative impact of the trauma and violence on the ability to function in a way that would sustain relationships, two were married and two chose to avoid initiating or considering a close relationship. Both of those who were married at the time reported the negative effect of exposure to trauma and violence on their relationships.

5.3.4 Evidence of Depression and Suicidal Ideation

Criteria B4 states that there is intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. Journalists were asked about their symptoms of depression and if they experienced suicidal ideation. Only one of the five journalists reported definitive thoughts of suicide and he responded to this by seeking professional help.

All five of the journalists reported feelings of severe and debilitating depression at some point in the period of their working in the context of violence and unrest.

Thus, regardless of interactional style and other coping mechanisms the nature of the work being done by the journalists did result to a greater or lesser extent in feelings of depression and hopelessness.
When taking vulnerability factors into account, according to the literature, Davidson et al. (1991) highlighted the fact that individuals who develop PTSD have been subjected to adverse events during childhood (Chapter 2). The authors cite factors such as parental poverty, early childhood divorce or separation, a genetic predisposition to psychiatric disorder, as possible contributory risk factors. Furthermore, it has been found that individuals from a generally stable family background have a higher tolerance to stress than individuals from a more fragmented background (Boulanger, 1985; Carol, 1987). Military and pre-military status also impact on the ability of the individual to withstand stress (McFarlane, 1989).

Thus genetic risk factors, the individual’s personality, a past history of trauma, past history of behavioural or psychological problems, nature of parental relationships, other life events at the time of the trauma, nature of social support and exposure to subsequent reactivating stressors are all relevant in the ability of the individual to withstand the impact of severe stressors.

Because time constraints precluded obtaining specific data related to vulnerability factors, the researcher acknowledges that there is insufficient information to identify vulnerability factors in a definitive manner. Factors such as military exposure (McFarlane, 1989) may have impacted on the functioning of four out of the five journalists who completed their military training. The researcher is able to comment on the fact that all five of the journalists appeared to have a generally stable family background (Boulanger, 1985) which may be inferred as all the journalists that took part in the study did make mention of their family of origin.

The importance of a strong support network as a mediating factor in the development of symptoms of PTSD has been highlighted in the literature (Boscarino, 1995; Fontana & Rosenheck, 1994). Only one journalist out of five acknowledged and responded to the support network that was offered to her.
Four out of five journalists obtained moderate support from their colleagues. All the journalists enjoyed some degree of camaraderie as a group. Louw (1989) highlights that individuals who work in group situations who find themselves exposed for a prolonged period of time to violence/trauma (as in the situation of township unrest) the greater the camaraderie or cohesion within the group, the less susceptible to stress-related symptoms. However, it should be stated that the researcher elicited responses from the journalists concerned that although the "group" was important there was a sense of rivalry as well in their attempt to "be the first with the story". This was often perceived as an isolating and alienating experience which may weaken the theory proposed by Louw.

All five journalists had been exposed to traumatic events that involved "actual or threatened death or serious injury or a threat to the physical integrity of self or others" (DSM IV).

All the journalists in the sample had a very close working relationship with the journalist who had been killed in the township and all knew the journalist who took his own life during the period of unrest. The deaths of these two journalists specifically, and of a number of other co-workers who were killed over this period, impacted heavily on their ability to continue to work in this field.

In the following Chapter, the study as a whole will be discussed, and specific research difficulties will be outlines. Recommendations for future research of a similar nature will be put forward.
CHAPTER 6

RESEARCH PROBLEMS, RECOMMENDATIONS
AND EVALUATION

6.1. INTRODUCTION

As described in the chapter on Research Methodology, researchers in the field of trauma are confronted with the dual challenge of observing the relationship between traumatic life events and the identification of different outcomes, whilst they simultaneously have to take into consideration the role of the different regulating factors and describe these in relation to the trauma (Alexander and Wells, 1991). These authors acknowledged that research with respect to trauma is beset with methodological problems. Trauma is usually unforeseen - which can inevitably complicate effective research strategy and planning.

If one thinks about the reality of conducting research in the field of trauma, it becomes apparent that researchers in this context, as “observers” of disasters or traumatic events, cannot remain detached or removed from the traumatic occurrence. The event is described in DSM-III-R as “beyond the range of normal human experience” - DSM-IV refers to the event as a threat to ones physical integrity, whilst the victim experiences the event in this way, so too does the researcher.

The thoughts of systems theorist, Keeney (1983) are relevant - that the researcher cannot stand separately from that which he is in the process of observing.

With the above-mentioned caveats in mind, the researcher will comment on an evaluation of this study and recommendations for future studies will be put forward.

This study of the experience of journalists of Post-traumatic Stress Disorder had the following aims:

(i) A comprehensive literature study in which the theory related to trauma and violence is described.
(ii) A comprehensive description of PTSD in relation to the theory of disasters and trauma is discussed.

(iii) An investigation of the effects of unremitting violence.

6.2. IDEAS AND CONCLUSIONS WITH REGARD TO THE LITERATURE STUDY

The literature study presented an outline of PTSD and looked at recent research in this field. The concept of stress, which is necessary for a better understanding of this syndrome, was briefly described and it became very clear that the concept of "stress" cannot be viewed as a simple physiological or intra-psychic phenomenon, but should be viewed within a contextual framework. Guidelines for research on PTSD, as well as the way in which this research should be conducted when working in the context of traumatised individuals, appears to be lacking in the literature.

Beyers (1987) and Straker (1992) have presented descriptions of trauma-laden occurrences and these authors have highlighted the necessity to take both the individual and the context into account.

As stated in the literature study, the accepted definition of Posttraumatic Stress Disorder is "an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threats to one's personal integrity of another person, or learning about the unexpected or violent death or injury experienced by a family member or significant other:. The definition has changed from that described in the DSM-III-R as "a disturbance that is beyond the range or normal human experience and which would be considered as such by most individuals. The definition utilized in DSM-IV like its predecessor describes the syndrome, but does not take into account the context, the developmental stage, the culture or the background history of the individual."
6.3. CONCLUSIONS REGARDING THE EFFECTS OF EXPOSURE TO TRAUMA

6.3.1 Findings with regard to general functioning

In this investigation of the effects of exposure to trauma in journalists, it was apparent that many symptoms as described in the literature pertaining to PTSD were present. It should be noted that the interviews with the journalists concerned took place two years after they were exposed to the unabating and unremitting violence that they all so vividly recalled. This in itself is testimony to the extreme impact of the violence which they had to endure.

Symptoms of intense fear, horror and helplessness, nightmares, emotional numbing, feelings of isolation, resorting to substance abuse, feelings of pervasive depression were present to a greater or lesser extent in all the respondents.

The researcher was interested in viewing the situation of each journalist within a contextual framework and thus commented on factors such as interactional style, quality of relationships, ideological meaningfulness and evidence of a solid support network.

Factors such as background information, specific vulnerabilities and genetic predisposition to psychiatric problems were not fully or adequately explored.

6.3.2 Findings with regard to job commitment

A general feeling of relief, on the one hand, that the level of violence had simmered down, leaving the journalists to focus on sporadic rather than unremitting accounts of violent incidents was apparent. On the other hand, it became very clear that after the heightened violence, the journalists experienced a sense of loss, as by their own description they perceived themselves as “adrenaline junkies” who enjoyed living life “on the edge”.

The fact that a number of journalists (not those involved in this study) took up alternative employment and left journalism altogether, indicates the high rate of burn-out for individuals who did find the stress levels to be excessive.

Of the journalists included in the sample, all remained at the radio-station in question, but focused their interests and abilities in different directions.

6.4. CONCLUSION

Exposure to trauma and violence in their capacity as journalists (specifically crime reporters) impacted on their functioning in many ways. Although all five journalists who formed the sample have remained in the profession, their experiences related to the traumatic circumstances were vividly recalled and recounted. It was an interesting fact that the majority of the sample expressed a sense of relief and commented on how positively they perceived the single interview with the researchers. This may be linked to the “macho ethic” which operates in this group, whereby collectively, journalists display limited emotional expression following exposure to extreme trauma and violence. This quality tended to block the feelings and fears that each journalist experienced but - for the most part - kept to him/herself.

In this regard, this could be an area for investigation in a future study.

What comes out of this study is that the experiencing of a trauma does not necessarily give rise to Posttraumatic Stress Disorder. That is, exposure to an extreme stressor is not a linear event that automatically gives rise to the disorder. There are clearly other factors that determine the manner in which the victim subjectively evaluates the event. These factors, as described in the literature study, are termed “mediating factors”. Among the factors discussed in the literature study (Chapter 2), Barlow (1988) views a solid social support system as crucial in the sense that having people who are available post-trauma, acts as a buffer as far as the development of a full-blown PTSD is concerned.
Straker (1992) regards ideological meaningfulness of the event and the age of the individual as further mediating factors.

6.5. CRITICAL EVALUATION OF THE STUDY

The way in which the study was conceptualized was perceived by the researcher to be a constructive and non-threatening means of reaching out to this group of individuals who had not previously been considered to be a "high risk" group. The findings of the study show that there is a very real need to focus on the experiences of journalists, especially those who have been through on-going harrowing experiences and who have recognized how arbitrary the line between life and death is. The single interview method of this qualitative study did not obtain the depth that the researcher could explore. What was established was the extent of trauma and violence to which these journalists were exposed and by their accounts of their experiences, symptoms were elicited and noted. Each journalist requested additional input from the researcher, but due to time constraints, this was not feasible. The researcher was left with the feeling of "unfinished business" despite her acknowledgement that the way the study was conceptualised precluded further contact. There is, without any doubt, a need for additional work in this specific field. According to Gelman (1994) the need for psychological support for victims of combat-related exposure to violence and trauma is crucial. He states "Those who forget the past may be doomed to repeat it - but what about those who can't forget, who keep replaying the past in their minds? No one knows that cruel compulsion better than the thousands of military veterans who suffer from Posttraumatic Stress Disorder, a condition marked by nightmares, flashbacks and unblinking battle-ready vigilance. In recent years, the bizarre and sometimes violent behaviour of Vietnam veterans helped raise public awareness of the disorder. Yet, in all the solemn ceremonials marking the 50th anniversary of D-day, scarcely anyone has noted the continued debilitating presence of PTSD among surviving veterans of World War II" (Article taken from "Newsweek" dealing with veterans of World War II, p.40).
6.6. RECOMMENDATIONS

1. That individual journalist case studies be researched in order to obtain an in-depth account of the experiences of the primary victim over a period of time, which could offer useful indicators for journalists engaged in work of this nature in terms of Posttraumatic Stress Disorder.

2. That the effect of trauma on secondary victims be explored - on a long-term and short-term basis. If any support or therapy is offered, it is usually the primary victims that received the professional assistance.

3. That programmes be established whereby journalists may be helped to identify and understand the extent of what they experience. Furthermore, to extinguish the so-called “macho-ethic” that pervades this profession and to encourage these individuals that the feelings and emotions they experience in response to on-going violence, requires expression and a constructive outlet.

4. That support groups and psychotherapy be made available and attainable for individuals suffering from Posttraumatic Stress Disorder.

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BIBLIOGRAPHY


