UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

CONFLICT IN JOURNALISM: UNDERSTANDING EMOTIONAL TRAUMA IN

THE NEWSROOM

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

Degree of

DOCTOR OF PHILOSOPHY

By

KENNA R. GRIFFIN
Norman, Oklahoma
2015

CONFLICT IN JOURNALISM: UNDERSTANDING EMOTIONAL TRAUMA IN
THE NEWSROOM

A DISSERTATION APPROVED FOR THE
GAYLORD COLLEGE OF JOURNALISM AND MASS COMMUNICATION

BY

_____
Dr. Peter Gade, Chair

_____
Dr. David Craig

_____
Dr. Robert Kerr

_____
Dr. Charles Self

_____
Dr. Tim Davidson

Acknowledgements

I have been blessed throughout my education with mentors to guide my academic and professional development. It seemed likely when I met Dr. Peter Gade that he would assume the post during my graduate education. I never could have imagined the magnitude of his dedication to the role. Dr. Gade describes education as a "leap of faith." I took that leap with him and he with me. I chose Dr. Gade as my chair not because I thought the dissertation process would be simpler with him, but because I knew it would be worth having done. I knew he would help me do greater work than I ever thought possible. I was correct. Dr. Gade would say that he guides students through education, but there were unquestionably times when he shoved me toward greater understanding, encouraging me all the while to "take time to think." It's impossible to summarize everything I've learned from this incredible scholar. He changed the way I think about journalism, my life-long passion, and the world around my profession. But perhaps the most important thing he taught me is confidence in my own intelligence. I can learn anything I desire to, I just need to give myself the freedom and time to understand it. He also taught me that, when a mentor sees something in a student, he doesn't give up on her, even when she may deserve it, and that learning may sometimes seem harsh and uncomfortable, but those times are followed by a greater understanding… and chocolate. This dissertation would be just another writing exercise without Dr. Gade's guidance in making it valuable scholarship. I'm incredibly grateful for having taken that leap of faith and am undoubtedly better for having done so.

I adore my "news guy" committee. If there was a model for a perfect committee, I'm confident it would be mine. Dr. Charles Self, Dr. David Craig, Dr. Robert Kerr, and

Dr. Tim Davidson are a perfect mixture of personalities and expertise, making the committee knowledgeable, informative and fun. Dr. Self always challenged my thinking and encouraged me to broaden the scope of my understanding. He is friendly, kind and generous. I'm grateful that he continued working on my committee, even after his retirement, which also reflects his dedication to students. Dr. Craig is kind, practical and honest. He has genuine interest in seeing students develop and grow, but never gives them an unrealistic view of the situation. He taught me a great deal about ethics, which he models through himself and his teaching. Dr. Kerr not only made me a better scholar, he helped me become a better teacher. His understanding of and approach to pedagogy strongly influenced the way I teach today. He also believed in me enough to trust me with his own courses, which may be the highest compliment one teacher can give another. Dr. Kerr is compassionate, understanding and fair. I am better for having worked with him. I met Dr. Davidson after a handful of meetings to find the right fit in an "outside" committee member. I knew almost immediately that he was exactly the scholar I sought. Dr. Davidson is intelligent and thoughtful. His expertise of trauma and organizational behavior were critical to the development and execution of this study. To him I am forever grateful.

I heard that you make lasting friendships during your Ph.D. studies, but I honestly wasn't sure what to expect out of my relationships with other students given that I was married, had children, lived in another city, and worked full-time while going to school. But my friends and colleagues in the Gaylord College understand and relate to me better than many other people in my life. I would be remiss not to mention my Gaylord friends Chad Nye, Jared Schroeder, Adam Saffer, and, of course, Tara

(Buehner) Mortensen. Knowing each of you has made my life better. The special bonds we share will continue throughout our lives. I also express heartfelt gratitude to Kelly Storm, Buddy Wiedemann and Dr. Julie Jones. Your assistance and support did not go unnoticed.

We are nothing without the love and support of our family. Mine loves with all they have, and they have shown me immeasurable support during this process. Thank you to my parents and my in-laws for always believing in me, even when you didn't understand exactly what it was that I was doing or why it was taking so long. I appreciate your many words of encouragement and understanding when I couldn't always be where I would have liked. A special thank you to the "real" Dr. Griffin, Chelsey. You are not only my sister-in-law, but you're the best friend a woman could ever want. Thank you for helping me push my boulder. Thank you to my students who have been incredibly understanding during the years as I've tried to essentially balance two full-time jobs. Thank you to my OCU family, especially my Mass Comm family—Karlie Harmon, Matt Hamilton, Bruce Macella, Andy Gibson, and Wendy Brunner. Your support, guidance, understanding, and, most importantly, your friendships mean the world to me. Also, thank you to my former student, Nathan "Todd" Altadonna. I wish I had kept a log of the number of times you encouraged me not to give up and used your special snark to help me recognize my own potential. It's abnormal for us to share a brain, but it sure is funny. Last, but certainly not least, thank you to my "little family." My husband, Jeff, and our children, Tatum and Zane, sacrificed in many ways to help me accomplish this goal. My mother-in-law once told me that you don't have to be at every single thing your children do, but you have to be at the things that matter. I've

tried to be at the things that matter, but I know there were many times when my children wanted more from me and had to be understanding about what I could give. Thank you for being understanding when I was shut in my office working or wasn't there when you just wanted to be together. I hope that, when you are older, you can reflect on these sacrifices and see the example of a strong, intelligent, driven, passionate woman that I try to set for you both. Jeff, there really are no words. I love you with all of my heart. I could not have done this without you. Thank you for giving so much of you for me. You're my best friend, Huck.

Table of Contents

List of Tables

List of Figures

xiii

Abstract

Journalists are exposed to emotional trauma as a result of their work and some of them suffer trauma symptoms following that exposure. Despite this understanding, most journalists and their employers do not view journalism as a trauma-prone profession, and training for coping with emotional responses of exposure to traumatic events rarely is provided or accepted when it's made available. Journalists' professional identities are one reason they refuse to recognize, admit or seek treatment for emotional trauma. Journalism professional values result in some journalists experiencing a conflict between their professional and personal identities. This conflict is further exacerbated for some journalists by the organizations for which they work. The newsroom organizational climate does not support journalists with policies, practices and procedures related to open communication, training, support, safety, or mental health, all of which are critical in helping them effectively cope with trauma or manage exposure to traumatic events.

This study creates a better understanding of journalism and trauma by connecting three areas of potential conflict—trauma exposure and symptoms, professionalism and organizational climate. The study's initial purpose was to extend the understanding of journalism and trauma by gathering information from a national sample of professional journalists about the types of trauma they have experienced and the symptoms they suffered. The study then measured how journalists' professionalism may play a role in their willingness to admit to suffering emotional trauma or to seek help for it, and how professionalism may affect journalist's views of work-related trauma, in general. Finally, the study tested the role of the newsroom organizational

climate in preparing journalists for trauma exposure and providing them with support afterward.

This study found that journalists are exposed to trauma in their work more frequently than the general population is exposed in their lifetimes and they report trauma symptoms comparable to those in high-stress occupations like first responders. This study also found that there is a relationship between journalists' professional values and the likelihood that they will experience trauma symptoms, and that journalists adhere to journalistic professional values like the service role to bear witness for the public, a commitment to truth and objectivity, even when those values create a conflict for them following exposure to traumatic happenings. Finally, this study found that there is a relationship between the organizational climate in which journalists work and the likelihood that they will experience emotional trauma. It found that journalists feel supported by their supervisors, who they think care about their well-being. However, it also found that these same supervisors do not provide journalists with the information, training or support necessary to cope with trauma exposure and its aftermath, even though these components of organizational climate lessen the likelihood that the journalists will experience trauma symptoms.

This dissertation found that journalists are exposed to trauma in their work near the high end of what previously was thought and similar to that of crisis workers, confirming the severity of this issue in journalism, and contributing to the understanding of the types of traumatic events journalists are exposed to and the impact of that exposure. This study also extended the understanding of journalism professionalism in relation to trauma by considering how journalists' professional

identities may impact how they think about trauma in their work, beginning to create an understanding of the professional conflict that trauma exposure and suffering creates when journalists deny it can happen to them. Finally, the study revealed the disconnect between journalists' thinking about their organizations and managers in relation to the potential negative impact of trauma exposure in their work. These findings contribute to the understanding that news organizations are not providing employees with the information and training they need to help maintain their emotional well-being while performing their jobs.

Chapter 1: Introduction

David Handschuh, a *New York Daily News* photographer, was headed to teach a photography course at New York University when he heard the Manhattan Fire Department calling on his car's police scanner for all fire apparatus to be sent to the World Trade Center. Handschuh, who was nearby in traffic, called the newsroom and asked if he should reroute. His photo director urged him to do so as he pulled out into traffic, following a fire engine. Handschuh wrote his story in the September 8, 2006 issue of *Read*.

> We raced down the West Side Highway into oncoming traffic, and several firefighters waved to me out the back door. They recognized me as a friendly face who had covered their heroics for more than 20 years. Less than two hours later, all eleven of the firefighters on Rescue One would be dead. (p. 18)

Handschuh arrived at the scene September 11, 2001, shortly after the first plane crashed into the World Trade Center. Not anticipating another plane coming, he began taking photos.

> I had no inkling of danger and no concern for my personal safety. I just thought I would be recording the largest challenges that the paramedics, firefighters and police officers of the city of New York would ever face. I had no idea that I would be covering one of the biggest stories in the history of the modern world. (p. 18)

Handschuh was photographing a scene he described as "worse than the most horrible nightmare anyone could have" when he heard a loud noise (p. 19). He said he didn't see the second plane, despite taking a photo of it hitting the tower. The photo was

printed in the next day's newspaper and has become an iconic image of the terrorist

attack on New York City's World Trade Center. Handschuh continued photographing

the destruction after the second tower was hit, even as he heard a ground-shaking noise.

> I looked up as the south tower began to crumble and disintegrate in slow motion.
> By instinct I grabbed my camera and brought it to my eye, but in the back of my
> mind I heard a voice that said, "Run! Run! Run!" I've been doing this for more
> than twenty years and I've never run from anything. (p. 19)

Handschuh credits the urge to flee with saving his life. He ran about 50 feet,

around a corner, before being picked up off of the ground by a wave of debris. He was

thrown nearly a full city block, landing under a car where he was trapped by debris.

> If the desire to flee in life-threatening situations is strong, the desire to stay and
> document is often stronger. It's not the feeling of being invincible. It's just a
> need to keep recording the truth. (p. 16)

Firefighters later pulled Handschuh out of the rubble and carried him a block to

a deli where they thought he would be safe. Another *Daily News* photographer, who did

not realize the debris-covered man was Handschuh, photographed him during and

following the rescue. The deli façade later collapsed, trapping Handschuh and its other

occupants under the rubble. When he was again uncovered and taken to the hospital, his

right leg was shattered and his left one damaged. More than a decade later, he still

suffers from physical ailments and emotional illness resulting from Post-Traumatic

Stress Disorder (PTSD), the most severe, dehabilitating and long-lasting form of

emotional trauma identified by the American Psychiatric Association (APA, 2013).

While thousands of people were fleeing lower Manhattan, David Handschuh's sense of professional duty led him to try to get as close as possible to the news. Handschuh's case may be extreme, but journalists' exposure to traumatic events and the negative psychological implications of that exposure have become a more recognized problem in the media industry since September 11, 2001 (Beam & Spratt, 2009; Simpson & Cote´, 2006). About half of the United States population is exposed to trauma during their lifetime (Friedman, 2000), but more than 80% of journalists are exposed through their work (Simpson & Boggs, 1999). Journalists' exposure to trauma is not just through large-scale traumatic events like the 2001 terror attacks. In one of the first studies of the relationship between journalists and trauma, 86% of the journalists interviewed had covered events like fires, homicides, car wrecks, and assaults (Simpson & Boggs, 1999). Subsequent studies (e.g., Feinstein, Owen & Blair, 2002; Pyevich, Newman & Daleiden, 2003) found correlations between work-related trauma exposure and symptoms of emotional trauma among journalists.

Of the overall population exposed to trauma, a minority (about 8%) suffers emotionally in a way that impedes their ability to function in social or occupational environments (Feinstein, 2004; Friedman, 2000). The range of journalists reporting severe emotional responses to covering trauma in one study (Feinstein, Owen & Blair, 2002) was 5.9% to 28.6%. Despite a growing academic understanding of journalists' exposure to traumatic events and the potential negative outcomes, journalists and their employers typically give it little attention (Beam & Spratt, 2009; Young, 2011). Journalism, unlike other occupations and professions where exposure to traumatic events is routine (i.e., emergency response, public safety and healthcare), typically isn't

viewed as a profession prone to emotional suffering and training for coping with such

responses rarely is provided (e.g., Abendroth & Flannery, 2006; Adams, Boscarino &

Figley, 2006; Bride, 2007; Brown, Fielding & Grover, 1999; Del Ben, Scotti, Chen, &

Fortson, 2006; Feinstein, 2004; Johnson, 1999; Perron & Hiltz, 2006; Simpson & Coté,

2006; Stephens & Long, 2000). Many journalists also refuse to seek help for emotional

trauma, even when their news organizations make assistance available (e.g., Ricchiardi

& Gerczynski, 1999; Sibbald, 2002; Strupp & Cosper, 2001).

Journalists' professional identities may be one reason they refuse to recognize,

admit or seek treatment for emotional trauma. A profession is an occupational group

that has "secured and institutionalized the authority to create and direct the substance,

performance and goals of their work" (Beam, 1993, p. 908). A professional's work is

based on "a theoretical body of knowledge, shared values and norms, and a common

purpose" (Breed, 1955; Gade & Lowrey, 2011, p. 30). Professionals also have

autonomy to do their work, put public service ahead of economic gain, and are

socialized into the profession through education and training, among other traits (Beam,

Weaver and Brownlee, 2009). Professionals perform tasks essential for society to

function properly. They possess knowledge and skills that individuals outside of the

profession do not, which professionals use for the betterment of their profession and

society (e.g., Abbott, 1988; Drucker, 2010; Freidson, 1984; Lynn, 1965). Professions'

public service nature and their specialized knowledge base allow professionals to define

their values and practices and control entry into the field (Freidson, 1984). Some

professions—like law, medicine and emergency response—have strict standards of

membership (i.e., required academic degrees, formal licensing or mandatory training),

while others consider the traits, attributes and functions of the professionals who perform the occupation (Becker & Carper, 1956). Journalism has been called a semi-profession because it has many elements of a profession, but neglects others (Beam, 1993). For example, criteria for entry into the journalism profession and professional standards are ambiguous and not legally mandated (Beam, 1993).

Despite this, journalists consider themselves professionals and have shared ideas about what it means to be a professional journalist (Breed, 1955; Deuze, 2007; Shoemaker & Reese, 1996). The professional values that define journalism are based on the Enlightenment ideas of human rationality, free expression, the relationship between government and citizens, and freedom and social responsibility (Gade & Lowrey, 2011; Merrill, 1989; Siebert, Peterson & Schramm, 1956). Journalistic professional values include public service (as watchdogs and collectors and disseminators of information), independence to do their work without oversight or control from those in power, and a commitment to truth, objectivity and fairness (e.g., Breed, 1955; Deuze, 2007; Kovach & Rosenstiel, 2007). Adhering to these professional values is a method journalists use to determine who is a "real" journalist and what news media produce "real" journalism (Deuze, 2005, p. 444). Unfortunately, these values are sometimes vague, inconsistent and contradictory (Breed, 1955; Deuze, 2005), which may result in journalists experiencing a conflict between their professional and personal identities.

The values of objectivity and truth, for example, which purport that professional journalists should use scientific method to discover truth in an impartial, neutral, objective, fair, and, thus, credible way (Deuze, 2005; Gade, 2011; Merrill, Gade & Blevens, 2001; Schudson & Tifft, 2005) may create conflict for journalists exposed to

traumatic events. While many journalists do not understand the value or meaning of objectivity in their profession (e.g., Gade, 2011; Greenhouse, 2012; Kovach & Rosenstiel, 2001; Schudson, 2013), they still cling to the value and their interpretation of it during times of uncertainty (Singer, 2011), and they associate objectivity with their own professionalism (Gade, 2011; Schudson, 2003). While performing news routines, journalists are expected to filter tragedies through themselves and recreate them for an audience, but not be traumatized in the process (Fields, 1999). Journalists are taught to think of covering traumatic events as another routine assignment, one for which they typically aren't trained and receive no emotional support for (Simpson & Cote´, 2006). Because of the assumption that they can remain objective, journalists seldom are taught how to react to violence or given support mechanisms to cope with exposure to traumatic events, making the likelihood of effects greater (Feinstein, 2004; Johnson, 1999; Marais & Stuart, 2005).

Most journalists suffering from emotional trauma as a result of their work refuse to admit it because they fear that admitting such a response will mean they are less professional, or will result in job demotion or termination (Simpson & Cote´, 2006). Journalists do not debrief after covering traumatic events and refuse counseling, even when it is offered in the newsroom, perhaps because "admitting to emotional fall-out collides with the detached, dispassionate demeanor on which the profession prides itself" (Ricchiardi & Gerczynski, 1999, p. 34). To justify neglecting post-event care, journalists cite a lack of time because of reporting deadlines and the belief that "outsiders couldn't understand the rigors of being a witness on behalf of society" (Ricchiardi & Gerczynski, 1999, p. 35). As public servants, journalists "cling to images

of valiant reporters unscathed by endless horrors and catastrophes" (Fields, 1999, p. 16). There is some evidence that staffers fear that bucking a norm will result in them being passed over for bigger jobs or stories in the newsroom or result in greater punishment from superiors (Breed, 1955). "The myth has the errant star reporter taken off murders and put on obituaries—"the Chinese torture chamber" of the newsroom" (Breed, 1955, p. 330). Journalism is a competitive profession, making reporters "significantly reluctant to acknowledge any vulnerability" (Sibbald, 2002, p. 1704). "Saying you were traumatized covering a car accident could land you a choice assignment in the Food section," according to Montreal journalist Robert Frank, who founded Newscoverage Unlimited, an educational non-profit that trains journalists to help each other with Post-traumatic Stress Disorder, depression or drug dependency (Sibbald, 2002, p. 1704).

In general, trauma sufferers struggle with conflict between personal and professional needs and doubts about their own professional competence (Baum, 2004). This results in these professionals being prone to emotional issues such as depression, anxiety, stress, distress, disorganization, memory malfunction, and physical, emotional and behavioral pain (Colarossi, Heyman & Phillips, 2005). The interpersonal and professional struggles that follow trauma exposure can lead to problems such as frustration, burnout, decreased work quality, uncertain boundaries, and an inability to feel empathy or instill hope (Colarossi, Heyman & Phillips, 2005). Journalists exposed to trauma may experience stress that drains their energy and commitment, resulting in burnout and job turnover (Simpson & Cote´, 2006). They also may experience guilt as a result of exposure to traumatic happenings because the objectivity and detachment in their profession prohibits them from helping others (e.g., Browne, Evangeli &

Greenberg, 2012; Simpson & Boggs, 1999; Simpson & Cote´, 2006; Strupp & Cosper, 2001). Journalists who continue in the industry may find unproductive ways—excessive smoking and drinking, drug use, anger, and cynicism—to cope (e.g., Breslau, 2013; Breslau, Davis, Peterson, & Shultz, 1997; Breslau, Davis & Schultz, 2003; Jacobsen, Southwick & Kosten, 2001; Ricchiardi & Gerczynski, 1999; Simpson & Cote´, 2006).

The conflict between journalists' professionalism and traumatic emotions may be further exacerbated by the organizations in which they work. Journalists are socialized into the profession through education, training, professional organizations, and observing established newsroom practices (Beam, 1993; Breed, 1955; Gans, 1979; Shoemaker & Reese, 1996; Tuchman, 1978). Journalists learn much of their professional craft by watching and listening to colleagues and supervisors within their industry and their individual organizations (Beam, 1993; Breed, 1955). Through this socialization, journalists learn about their publications' unspoken policies and "discover and internalize the rights and obligations of his status and its norms and values" (Breed, 1955, p. 328). In other words, the journalist learns how to function in the newsroom, and the expectations of the job, so as to be rewarded and not punished (Breed, 1955). Through this socialization it is reinforced that journalists must remain emotionally detached when witnessing and reporting about traumatic events (Simpson & Cote´, 2006). The newsroom culture encourages journalists to downplay their emotional lives and separate their professional and personal selves (Beam & Di Cicco, 2010).

Because of the assumption that they can remain objective, the newsroom organizational climate does not support journalists with policies, practices and procedures related to open communication, training, support, safety, or mental health.

8

The organizational climate—employees' perceptions and descriptions of things that happen in the organization, based on their understanding and perceptions to policies, practices, procedures, and interactions (Patterson, et al., 2005)—in the newsroom is one of silence and denial. Journalists do not receive the organizational support they need or work in an organizational climate critical in helping them effectively cope with trauma or manage exposure to traumatic events (Beam & Spratt, 2009; Feinstein, 2004; Johnson, 1999; Keats & Buchanan, 2009; Marais & Stuart, 2005). Organizational support, or employees' beliefs regarding the extent to which the organization values their contributions and cares about their wellbeing (Eisenberger, Huntington, Hutchison, & Sowa, 1986), is critical in helping journalists effectively cope with trauma or manage exposure to traumatic events (Beam & Spratt, 2009; Keats & Buchanan, 2009). An organization's level of support typically is displayed through its supervisors, who employees see as agents of the organization who act upon the organization's behalf (Levinson, 1965). Newsroom supervisors may not offer the needed support in relation to journalists suffering from trauma because they too are socialized into the culture of detachment and objectivity. Most newsroom managers think journalists suffer momentary effects (if any) when gathering information about violent events (Simpson & Cote´, 2006). They believe journalists can cover traumatic events with "professional polish and immunity to emotional shock" (Simpson & Cote´, 2006; p. 37). Journalists who respond otherwise are thought already to have emotional issues (Simpson & Cote´, 2006).

Reporters suffering emotional trauma may leave a news organization if they don't feel supported, resulting in the loss of "irreplaceable knowledge, experience and

skills" (Drucker, 2010, p. 20). But newsroom managers may not know how to provide the support necessary to reduce turnover. Scholars argue that, since newsrooms are predominantly male, journalistic values coincide with masculine values, promoting occupational practices and customs best suited to men, which include downplaying reporters' emotional lives and separating their professional and personal selves (Beam & Di Cicco, 2010). Downplaying reporters' emotions or suggesting there isn't a place for them in the newsroom prohibits journalists suffering emotional trauma from discussing or reporting their problems. "The industry clings to images of valiant reporters unscathed by endless horrors and catastrophes" (Fields, 1999, p. 16). The "iron-willed stereotypes" result in the perception that good journalists do not experience emotional stress (Fields, 1999, p. 16). In addition, most newsroom managers likely don't receive training in people management, and, instead, are promoted because they are achievers, have special knowledge or excel in performing a skill (Riggs, 2008). This is the case in many newsrooms where editors are promoted for being skilled reporters. Poor leadership results in disengaged, disinterested and poor performing organizations, causing a drain on workplace productivity and creating even greater costs when employees leave and must be replaced (Riggs, 2008). "One ineffective, poorly prepared manager can have a devastating effect on an otherwise excellent company, not the least of which is the loss of talented employees," (Riggs, 2008, p. 15).

Greater supervisor support not only would help journalists cope with emotions related to traumatic events, but also may give them tools to avoid emotional trauma altogether. Supervisor support may improve journalists' job satisfaction and morale (Beam & Spratt, 2009). News managers can help by creating an organizational climate

of training and open communication in which journalists feel safe to talk candidly about emotional distress without fear of jeopardizing their careers (Beam & Spratt, 2009). Simpson and Cote´(2006) urged newsroom managers to assist reporters by providing advance self-care training for reporters, identifying staffers who can monitor coworkers' emotional states, creating mechanisms by which they are encouraged to discuss their experiences, and providing emotional assistance if needed (Simpson & Cote´, 2006). Providing support in the newsroom would mean providing journalists with an understanding that trauma exposure is a job hazard, training for how to cope with trauma exposure, an openness in discussing trauma in the workplace, and professional assistance in coping with trauma exposure (Cohen & Wills, 1985; Flannery, 1990). This type of support would result in journalists being less likely to experience emotional trauma, having the tools to cope with trauma if they did experience it, and having higher levels of job satisfaction and morale, making them less likely to leave the organization or the profession (Beam & Spratt, 2009).

But alleviating this emotional conflict in journalists experiencing emotional trauma would require a change in the thinking about what makes journalists professionals and in the way newsrooms function (Simpson & Cote´, 2006). Altering the newsroom's culture requires managers and journalists to rethink some of the fundamental principles of their profession (Gade, 2004). A cultural shift of such magnitude would need to start with senior newsroom management and could take years to become evident (e.g., Beam & Di Cicco, 2010; Schneider, Brief & Guzzo, 1996; Sylvie & Moon, 2007). Changing an organization's culture is not easy, and understanding the need for change is not necessarily enough to convince managers and

11

employees to adopt it (Gade, 2004; Gade & Perry, 2003). To change the newsroom culture, managers and editors would need to adopt changes and make them apparent in routine daily operations throughout the organization (Schneider, Brief & Guzzo, 1996).

The initial purpose of this study was to extend the understanding of journalism and trauma by gathering information from a national sample of professional journalists about the types of trauma they have experienced and the symptoms they suffered. The study then measured how journalists' professionalism may play a role in their willingness to admit to suffering emotional trauma or to seek help for it, and how professionalism may affect journalist's views of work-related trauma, in general. Finally, the study tested the role of the newsroom organizational climate in preparing journalists for trauma exposure and providing them with support afterward.

This research is valuable as it appears the expectation in most newsrooms is that journalists have fleeting (if any) responses to witnessing traumatic events. Therefore, the need for training and support generally is not recognized. Further, the journalists themselves may see it counter to their professional identity to experience negative emotional affect, resulting in their refusal to acknowledge trauma-induced symptoms or seek help for them, even when such services are provided. Newsroom managers' ignorance to the potential impact of covering traumatic events, coupled with journalists' unwillingness to acknowledge emotional responses may result in a mentally and physically unhealthy occupation.

Chapter 2: Journalism as a Trauma-prone Profession

There are certain professionals whose job functions require them to expose themselves to traumatic events—events which result in death, threatened death, serious injuries, or sexual violence, including things like natural disasters, murders, assaults, fires, and natural deaths (American Psychiatric Association, 2013). Crisis workers like firefighters, police officers and emergency medical personnel are front-line first responders for whom potential exposure to trauma is part of the job that cannot be avoided without abandoning the profession (Beaton & Murphy, 1995). Because of the nature of news values, including human interest, conflict, timeliness, and proximity (e.g., Breed, 1955; Gans, 1979; Shoemaker & Reese, 1996; Tuchman, 1978), journalists often are among those first to respond at the scene of traumatic events (Osofsky, Holloway & Pickett, 2005; Simpson & Cote´, 2006). But the journalists themselves and their managers rarely think of journalism as a trauma-prone profession (e.g., Feinstein, 2004; Osofsky, Holloway & Pickett, 2005; Ricchiardi & Gerczynski, 1999; Simpson & Boggs, 1999; Simpson & Cote´, 2006). Some editors think journalists suffer "little more than momentary effects from doing stories about violence, if they are affected at all," (Simpson & Cote´, 2006, p. 37) while reporters pride themselves on a professional detachment and stoicism that allows them to "cover any story without strong emotion or personal concern" (Strupp & Cosper, 2001, p. 11).

The purpose of this chapter is to establish journalism as a profession prone to emotional trauma and begin to explain how journalists might suffer as a result. Many journalists report witnessing traumatic events as part of their work, and they report trauma similar to that of first responders. However, journalists do not have to actually

13

witness the traumatic event to experience trauma (e.g., Backholm & Björkqvist, 2012; Newman, Simpson & Handschuh, 2003; Ochberg, 1996; Simpson & Boggs, 1999; Simpson & Cote´, 2006). Journalists who interview trauma victims may experience negative emotional affect as a result of those interviews. Journalists who work on the job longest, who are closer in proximity to the traumatic happening, who relate to the victim, and who are exposed frequently to traumatic happenings are most likely to suffer emotional trauma (e.g., Feinstein, 2004; Feinstein & Nicolson, 2005; Feinstein & Owen, 2002; Feinstein, Owen & Blair, 2002; Keats, 2010; Matloff, 2004; Newman, Simpson & Handschuh, 2003; Osofsky, Holloway & Pickett, 2005; Simpson & Boggs, 1999; Simpson & Cote´, 2006; Sinyor & Feinstein, 2012).

The size of the traumatic happening is not as large a factor, with journalists reporting that small-scale traumatic events like car wrecks and child deaths also impact them emotionally (Simpson & Cote´, 2006). As a result of this exposure, journalists report trauma symptoms including intrusive memories, avoidant responses, physiological arousal, distressing emotions, and addictive or compulsive behaviors (Simpson & Boggs, 1999). Emotional trauma can be treated, and perhaps even avoided, but it first must be recognized as a possibility (Ochberg, 1991).

This chapter begins with an overview of how journalists experience trauma directly, as witnesses to it in their work, and the professional and academic response to the growing awareness of the possibility and potential impact of such exposure. The chapter then explores how journalists experience trauma indirectly by, for example, interviewing and writing about trauma victims. Throughout the chapter, the impact of traumatic experiences on journalism work and journalists is discussed.

14

Journalists and direct trauma

The newsroom isn't the only place where the connection between journalism and trauma was slow to develop. Little academic research was done on the topic of journalists and emotional trauma until the late 1990s, following the Oklahoma City bombing (Beam & Spratt, 2009; Simpson & Coté, 2006). The strain was noticeable in *The Oklahoman's* newsroom following the April 19, 1995 bombing of the Alfred P. Murrah Federal Building in Oklahoma City (Simpson & Coté, 2006). Reporters from across the daily newspaper's beat system began covering the bombing immediately after it rocked their building, which was only a few miles away from the bombsite (Simpson & Coté, 2006). The reporters described the consistent sound of bloodied people screaming as they poured onto the streets, chaos as emergency personnel tried to help everyone who was injured and desperation from people attempting to find loved ones who were in or near the building, some of whom the reporters knew personally (Aiken, 1996; Germer, 1995). "On one side of the scene there would be dead babies, and on the other there would be mothers screaming for their children. I will never forget that," said Diana Baldwin, a reporter from *The Oklahoman* (as cited in Germer, 1995, p. 41). Reporters wrote about broken glass seemingly everywhere, the air filled with powdery smoke that used to be building walls and feeling as if their own homes had been attacked (Aiken, 1996; Germer, 1995).

The newspaper's managers brought in a counselor for a year after the bombing, but only a few female reporters responded (Simpson & Coté, 2006). Reporters grew weary of the consistent need for bombing coverage, which, for some, brought back painful memories of trauma they witnessed (Simpson & Coté, 2006). Reporters

15

suffered from emotional problems, physical disorders, substance abuse, and relationship problems after the bombing, despite management's attempt to focus on life stories instead of death, publishing "profiles of life" of the 168 people who died (Aiken, 1996; Simpson & Coté, 2006, p. 57). The professional response of the newsroom staff to the bombing and the support management provided journalists made *The Oklahoman* a model for sensitive handling of the newsroom effects of trauma, but some reporters still suffered (Simpson & Coté, 2006).

Even following the bombing, most of the documented connection between journalism and trauma consisted of anecdotes in professional trade publications (Beam & Spratt, 2009). The only research published before 1999 studied 15 journalists who witnessed the 1992 gas chamber execution of a murderer in California. Freinkel, Koopman and Spiegel (1994) found that journalists who witnessed the execution described experiencing symptoms associated with Acute Stress Disorder, a lower level of Post-traumatic Stress Disorder with fewer symptoms, which last more than a week but less than a month (American Psychiatric Association, 2013). The study established that journalists were not immune to the short-term effects of witnessing trauma, and they have "no special shield against emotional pain" (Simpson & Coté, 2006, p. 41). "The lesson for journalists is that while they may think that by concentrating on taking the pictures, getting the facts, or interviewing victims they are escaping the shock waves, some of them will be wrong" (Simpson & Coté, 2006, p. 41).

Although a great deal of formal academic research was not done until the late 1990s, academic and professional communities were discussing journalistic coverage of traumatic events. The Victims and Media Program was launched in 1991 in the

journalism college at Michigan State University to help teach journalists to report on trauma victims with sensitivity, dignity and respect (Dart Center, nd). The program was a collaboration with the Michigan Victim Alliance and Dr. Frank Ochberg, a psychiatrist and pioneer in the treatment of traumatic stress (Dart Center, nd). The Dart Foundation in Mason, Michigan, funded the Michigan State program (Dart Center, nd).

By the mid-1990s, a growing number of journalists, educators and clinicians around the country began exploring the intersection of news reporting and violence (Dart Center, nd). The increased interest in the subject resulted in the Dart Foundation assisting in creating victims in the media programs with journalism faculty in Oklahoma, Indiana and at the University of Washington. At the University of Washington, journalism professor Roger Simpson developed curricula for newsroom ethics classes on covering traumatic events like sexual assault and domestic violence (Dart Center, nd). The Dart Center for Journalism and Trauma was established in 1999 at the University of Washington to assist journalists in understanding how to better report about victims and cope with traumatic events. The Dart Center later expanded to New York, Europe and Australia.

As a result of their participation in the Dart Center's efforts, Simpson and Boggs (1999) studied the relationship between journalists' exposure to trauma and their emotional responses. The study was based on a 1996 survey of 130 newspaper reporters, editors and photographers in Michigan and Washington. The survey revealed that 86% of the reporters had covered one or more traumatic events in person (Simpson & Boggs, 1999). As a result, the journalists reported trauma symptoms similar to those found among public safety workers exposed to a traumatic events (Simpson & Boggs,

1999). Subsequent studies found that photographers and war correspondents were more prone than their professional peers to suffering emotional trauma because of their proximity to traumatic happenings, the nature of their jobs and their repeated exposure to traumatic events (e.g., Feinstein, 2004; Feinstein & Nicolson, 2005; Feinstein & Owen, 2002; Feinstein, Owen & Blair, 2002; Keats, 2010; Matloff, 2004; Newman, Simpson & Handschuh, 2003; Osofsky, Holloway & Pickett, 2005; Simpson & Cote´, 2006; Sinyor & Feinstein, 2012).

Simpson and Boggs (1999) also found that the longer an individual worked as a journalist, the more likely he or she was to report trauma symptoms, and that journalists who went to the scene of vehicle crashes, an assignment frequently given to cub reporters, were most likely to report trauma symptoms. Reporters who had covered vehicle wrecks recalled vivid details about the wrecks, including feeling guilty for reporting on or photographing them (Simpson & Boggs, 1999). "Although the fatal auto crash is a common assignment, it is not a benign one for many reporters and photographers who witness its results" (Simpson & Cote´, 2006, p. 42).

Forty-six percent of respondents reported being unprepared for what they experienced during their first trauma assignment, with another 25% reporting they were not well prepared (Simpson & Boggs, 1999). The respondents reported attempts to suppress their emotions and complete their assignments and described feels of exhilaration, numbing, sadness, and nervousness (Simpson & Boggs, 1999). At least one reporter mentioned concern about not getting the needed information by deadline (Simpson & Boggs, 1999).

Seventy percent of journalists surveyed by Simpson and Boggs (1999) said they felt "stressed out" after covering a traumatic event (p. 16). They identified symptoms including sadness, exhaustion, excitement, guilt, apprehension, anger, and fear for themselves or their family (Simpson & Boggs, 1999). The majority (68%) of those surveyed also reported covering some stories that were emotionally difficult, citing deaths of children or teenagers as most difficult (Simpson & Boggs, 1999). Through their study, Simpson and Boggs (1999) recognized that journalists who covered traumatic events were similar to public safety workers in their experiences and emotional responses, but they do not receive the same types of debriefing, counseling or organizational support. "Reporters and photographers routinely pick up the next assignment without so much as a nod to the lingering and accumulating psychological costs of their work" (Simpson & Boggs, 1999, p. 17).

Concerns about physical and emotional harm to news workers increased in the past 15 years as journalists covered increasing numbers of school shootings, terrorist attacks and other mass tragedies (Beam & Spratt, 2009). Many journalists remember September 11, 2001, as the day "trauma slammed into their lives, knocking the emotional wind out of a profession that prides itself on a stiff upper lip" (Ricchiardi, 2001, p. 34). Journalists reported working non-stop as a method of coping with the negative emotional affect resulting from the September 11, 2001 terror attacks (Ricchiardi, 2001). Psychiatrist Frank Ochberg reported this "heroic phase" as being normal, saying there is a tendency to work intensely with a clear sense of purpose following a traumatic event (Ricchiardi, 2001). This phase often is followed by mental exhaustion, burnout, physical fatigue, confusion, and depression (Ricchiardi, 2001).

One reporter said she questioned her professionalism and whether she was a good reporter after she put down her notebook and joined a rescue team to help dig survivors out of the rubble instead of remaining a detached information gatherer (Ricchiardi, 2001). Following the terror attacks, many newsrooms made counselors available to their employees and encouraged them to take advantage of the services (Ricchiardi, 2001). "Many who reported from Ground Zero describe a soul-shaking experience that, in one way or another, changed them forever. Some talk of near-death experiences, of agonizing over whether to put away notebooks to help hunt for survivors, of the jolting realities of the grisly bloodbath" (Ricchiardi, 2001, p. 34).

Strupp and Cosper (2001) wrote about journalists who covered the terror attacks, including a woman with 15 years of reporting experience who displayed signs of traumatic stress four days after she began covering the attacks. Journalists reported symptoms including "zombielike feelings," increased startle responses, trouble sleeping, survivor's guilt, and depression (Strupp & Cosper, 2001, p. 11). But the authors recognized that detecting, treating and admitting Post-traumatic Stress Disorder is taboo for journalists, who "as a profession pride themselves on being able to cover any story without strong emotion or personal concern" (Strupp & Cosper, 2001, p. 11).

While the impact of large-scale traumatic events has caught researchers' attention, routine exposure to small traumatic events also negatively impacts some journalists. "Virtually every news staff, no matter the size of its community, at some time faces an event that severely taxes its members" (Simpson & Coté, 2006, p. 39). The majority of journalists report having witnessed at least one work-related traumatic event during the past year (Backholm & Björkqvist, 2012; Pyevich, Newman &

Daleiden, 2003; Simpson & Boggs, 1999). Ricchiardi and Gerczynski (1999) wrote

anecdotally about an *Arizona Republic* reporter who lost 15 pounds, had repeated

nightmares and self-medicated with alcohol after a four-month investigation on adults

killing children. The reporter, though embarrassed to do so, finally sought counseling.

Despite coverage of traumatic happenings creating "immense psychological stress, the

standard newsroom script calls for stoicism. Admitting to the emotional fall-out collides

with the detached, dispassionate demeanor on which the profession prides itself"

(Ricchiardi & Gerczynski, 1999, p. 34).

Journalism and indirect trauma

Somewhat less vulnerable but still considered at risk for emotional trauma are

those who are physically removed from the trauma scene, but who work with trauma

victims (Beaton & Murphy, 1995). These care workers include nurses and counselors,

and, like crisis workers, they also often receive training for how to cope with exposure

to trauma and debriefing and/or counseling. Despite attempts to combat the negative

emotional affect associated with trauma exposure, care workers also report suffering

from all types and severities of trauma-related disorders including burnout, adjustment

disorders, Acute Stress Disorder, vicarious trauma, and Post-traumatic Stress Disorder

(e.g., Bride, 2007; Colarossi, Heyman & Phillips, 2005; Collins & Long, 2003; Creamer

& Liddle, 2005; McCann & Pearlman, 1990; Neumann & Gamble, 1995).

Because of the nature of news routines, journalists also may be compared with

care workers as they regularly interview trauma victims and may experience negative

emotional affect as a result of those interviews (e.g., Beam & Spratt, 2009; Figley,

1995; McMahon, 2001; Ochberg, 1996; Simpson & Cote´, 2006). A journalist may

absorb trauma in the same way a family member or friend shares the emotional upset of

a person experiencing emotional trauma (Figley, 1995). As indicated in the official

Post-traumatic Stress Disorder definition, PTSD also can be the result of witnessing or

hearing about a traumatic event (American Psychiatric Association, 2013). Researchers

have labeled the experiencing of emotional trauma without direct exposure to the

traumatic event in many ways, including emotional contagion, vicarious traumatization,

secondary traumatization, secondary traumatic stress, and compassion fatigue (e.g.,

Dunkley & Whelan, 2006; Figley, 1995; McCann & Pearlman, 1990; Miller, Stiff &

Ellis, 1988; Remer & Ferguson, 1995; Stamm, 1997, Stamm, 1999). These terms are

not part of the official American Psychiatric Association (2013) diagnosis, but

commonly are used in the literature to explain the emotional impact of trauma on

someone who didn't experience it directly.

Regardless of what indirect trauma is called, the implications of having a

traumatic stress reaction can be severe, impacting the lives of others, including affecting

the sufferer's relationships with themselves, their social networks and their work

(Beaton & Murphy, 1995; Stamm, 1997; Stamm, 1999). Symptoms of secondary

traumatic stress include intrusive memories, avoidant responses, physiological arousal,

somatic complaints, distressing emotions, addictive or compulsive behaviors, and

functional impairment (Figley, 1995; Joinson, 1992; McCann & Pearlman, 1990). The

effects of vicarious trauma may be emotionally intrusive and painful, lasting long after

the trauma exposure ends (Rosenbloom, Pratt & Pearlman, 1999).

Some journalists attempt to limit their emotional responses when interviewing

trauma victims. They do this to limit their personal suffering and to practice the

objectivity and detachment associated with their professionalism (Simpson & Coteˊ, 2006). Other journalists cannot limit their empathy, making them more prone to suffering secondary trauma (Simpson & Coteˊ, 2006). Sixty-eight percent of journalists surveyed by Simpson and Boggs (1999) wrote about their empathy for victims. Reporting about child victims and interviewing relatives of victims bothered the journalists most (Simpson & Boggs, 1999).

Journalists are more likely to suffer emotional trauma from interviewing victims if they identify with the experienced trauma (Backholm & Björkqvist, 2012; Newman, Simpson & Handschuh, 2003; Ochberg, 1996; Simpson & Coteˊ, 2006). For example, a journalist who has been raped is more likely to suffer emotional trauma after interviewing a rape victim than a journalist who never has experienced that trauma. Guilt also is a common response after interviewing victims (Simpson & Boggs, 1999; Simpson & Coteˊ, 2006). The guilt may surround having survived a traumatic event when others did not or not being able to help victims. "Guilt may be a potent factor for some journalists because their work usually denies them the chance to help people" (Simpson & Coteˊ, 2006, p. 45). Charlotte Aiken, a reporter from *The Oklahoman*, described feeling guilty for being paid for overtime hours while covering the 1995 Murrah building bombing (Aiken, 1996). The reporter's best friend's husband was killed in the blast, which caused her to compare her friend's loss to the extra pay she received for covering the bombing (Aiken, 1996).

Conclusion

Journalists, like first responders and others in what are considered trauma-prone professions, are susceptible to emotional trauma as a result of work-related trauma

exposure (e.g., Osofsky, Holloway & Pickett, 2005; Simpson & Coté, 2006). Many

journalists report witnessing and being exposed to traumas, small and large, as part of

their work (e.g., Feinstein, 2004; Feinstein & Nicolson, 2005; Feinstein & Owen, 2002;

Feinstein, Owen & Blair, 2002; Keats, 2010; Matloff, 2004; Newman, Simpson &

Handschuh, 2003; Osofsky, Holloway & Pickett, 2005; Simpson & Coté, 2006;

Simpson & Boggs, 1999; Sinyor & Feinstein, 2012). Journalists who work on the job

longest, who are closer in proximity to the traumatic happening, who relate to the

victim, and who are exposed frequently to traumatic happenings are most likely to

suffer emotional trauma (e.g., Feinstein, 2004; Feinstein & Nicolson, 2005; Feinstein &

Owen, 2002; Feinstein, Owen & Blair, 2002; Keats, 2010; Matloff, 2004; Newman,

Simpson & Handschuh, 2003; Osofsky, Holloway & Pickett, 2005; Simpson & Boggs,

1999; Simpson & Coté, 2006; Sinyor & Feinstein, 2012). Despite evidence of work-

related trauma, many journalists and media organizations do not acknowledge its

existence, and journalism typically isn't viewed as a profession prone to emotional

suffering (Simpson & Coté, 2006). Emotional trauma can be treated, and even avoided

in some cases, but it first must be recognized as a possibility (Ochberg, 1991). As a

negative consequence of trauma exposure, some journalists report symptoms including

intrusive memories, avoidant responses, physiological arousal, distressing emotions,

and addictive or compulsive behaviors (e.g., Figley, 1995; Joinson, 1992; McCann &

Pearlman, 1990; Ricchiardi, 2001; Simpson & Boggs, 1999; Simpson & Coté, 2006;

Strupp & Cosper, 2001). The next chapter further explores the trauma diagnosis by

placing the trauma-related experiences of journalists in a broader context of mental

health, explaining how mental health professionals clinically define trauma and its

symptoms, what makes some individuals more likely than others to suffer emotional

trauma, and how a maladaptive trauma response damages individuals' emotional,

physical, personal, and professional lives.

Chapter 3: Psychological Trauma

Journalists can suffer psychological trauma as a result of being exposed to traumatic events through their work (e.g., Feinstein, Owen & Blair, 2002; Freinkel, Koopman & Spiegel, 1994; Keats, 2010; Newman, Simpson & Handschuh, 2003; Pyevich, Newman & Daleiden, 2003; Simpson & Boggs, 1999; Simpson & Cote´, 2006). Most individuals exposed to traumatic happenings experience what is considered a normal range of stress responses, including sadness, anger, fear, denial, and intrusion, then return to a level of functioning similar to before the traumatic experience (Horowitz, 1983; Valent, 1995). But some individuals have a maladaptive trauma response, meaning they are unable to return to their regular level of functioning after trauma exposure (Valent, 1995). Regardless, emotional trauma is treatable, if trauma survivors are provided with the tools they need to readjust (Ochberg, 1991).

This chapter's purpose is to create a better understanding of the diagnostic criteria for emotional trauma and the impact to those, including journalists, who suffer from it. The chapter begins with a brief history of the formal diagnosis of emotional trauma by the American Psychiatric Association. It then explains the emotional trauma diagnosis as the APA now documents it, the various types of emotional trauma, the extent to which trauma exposure could impact journalists, and factors that make some journalists more prone to emotional trauma than others.

The history of the psychological trauma diagnosis

Today's diagnostic criterion for emotional trauma developed from the first war-related trauma diagnosis, Gross Stress Reaction, which appeared in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders

(DSM)-I when it was published in 1952 (Andreasen, 2010). *Gross Stress Reaction* was

defined as "a stress syndrome in response to an exceptional physical or mental stress,

such as a natural catastrophe or battle" that occurred in people who were otherwise

normal (Andreasen, 2010, p. 68). The reaction was expected to subside within days or

weeks, or another diagnosis was to be given (Andreasen, 2010).

Gross Stress Reaction was omitted in the manual's next edition, published in

1968, and there was no official diagnosis for stress disorders from 1968-1980

(Andreasen, 2010). In 1980, psychological trauma became a real diagnosis when *Post-*

traumatic Stress Disorder was added to the American Psychiatric Association's

diagnostic manual for the first time (Andreasen, 2010). In the third edition manual,

published in 1980, the APA described traumatic events as "outside the range of usual

human experience" (Andreasen, 2010, p. 69) The inclusion of PTSD as a diagnosis

named and created a method for studying the effects of horrific life events, legitimizing

the experiences of affected individuals and forcing those studying emotions to

recognize that the environment and individuals influenced one another (Lasiuk &

Hegadoren, 2006). Publication of the DSM-IV in 1994 and the DSM-IV-R in 2000

broadened the definition of stressors, including adding Acute Stress Disorder, a lower-

level traumatic stress.

To qualify for a trauma diagnosis before 2013, an individual must have

experienced an intense emotional response like fear, helplessness or horror following

trauma exposure (APA, 2000). The American Psychiatric Association altered this

requirement in DSM-V, which was published in 2013 after a 14-year revision process.

The change came after the revision committee recognized the variability in

psychological distress following exposure to a traumatic or stressful event (APA, 2013).

Symptoms following exposure to trauma can include anxiety, fear, anger, aggression,

and dissociation, or a combination of these symptoms (APA, 2013). The stipulation that

an individual must respond to trauma exposure with intense fear, helplessness or horror

was eliminated because practitioners recognized that the criterion did not always predict

the onset of PTSD (APA, 2013).

Post-traumatic Stress Disorder was moved in the DSM-V from the chapter on

Anxiety Disorders to a new chapter on Trauma- and Stressor-Related Disorders. The

DSM-V defines trauma exposure as exposure to actual or threatened death, serious

injury or sexual violation (APA, 2013). The DSM-V provides more detail than its

predecessor regarding what constitutes a traumatic event. Sexual assault specifically is

included in the definition and also is listed as a possible threat for recurring exposure

that could apply to police officers or first responders (APA, 2013). Traumatic events

specifically documented in DSM-V are "exposure to war as a combatant or civilian,

threatened or actual physical assault, threatened or actual sexual violence, being

kidnapped or taken hostage, terrorist attack, torture, incarceration as a prisoner of war,

natural or human-made disasters, and severe motor vehicle accidents" (APA, 2013, p.

274). A life-threatening illness or debilitating medical condition is not necessarily

considered a traumatic event, according to the DSM-V. However, sudden, catastrophic

medical events, like waking during a surgery, are considered traumatic events (APA,

2013). "The disorder may be especially severe or long-lasting when the stressor is

interpersonal and intentional" (APA, 2013, p. 275). Also until 2013, emotional trauma

was defined as revealing itself through three categories of diagnostic symptoms:

reexperiencing, avoidant/numbing and hyperarousal (APA, 2000). The DSM-V

expounded upon PTSD symptoms, creating four diagnostic categories: *re-experiencing*,

avoidance, *negative cognitions and mood*, and *arousal*.

The psychological trauma diagnosis in the 21st Century

       Post-traumatic Stress Disorder (PTSD) is distress or impairment of an

individual's social interactions, capacity to work or ability to function properly

following exposure to a traumatic stressor (APA, 2013). A traumatic event is that which

results in death, threatened death, serious injuries, or sexual violence, including things

like natural disasters (Hussain, Weisaeth & Heir, 2011), murders, assaults, fires, and

natural deaths (APA, 2013). Exposure to a traumatic stressor is the result of an

individual "directly experiencing or witnessing a traumatic event, learning that a

traumatic event occurred to a close family member or friend, or experiencing firsthand

repeated or extreme exposure to aversive details of a traumatic event (not through

media, pictures, television, or movies, unless work related)" (APA, 2013, p. 271). Post-

traumatic Stress Disorder symptoms are described in four diagnostic categories: *re-

experiencing*, *avoidance*, *negative cognitions and mood*, and *arousal*.

       Reexperiencing symptoms involuntarily cause the victim to vividly remember or

relive the traumatic exposure (APA, 2013). To receive a trauma diagnosis, an individual

must experience one or more of the following intrusion symptoms: "recurrent,

involuntary and intrusive distressing memories of the event, recurrent distressing

dreams in which the content and/or affect of the dream is related to the traumatic event,

dissociative reactions like flashbacks in which the individual feels or acts as if the

traumatic events were recurring, or intense or prolonged psychological distress at

exposure to internal or external cues that symbolize or resemble an aspect of the

traumatic event" (APA, 2013, p. 271). Reminders of the traumatic event can spark

intense psychological or physiological responses, often without warning (Friedman,

2000). Reexperiencing symptoms are "intrusive because they are not wanted, but are

also powerful enough to drive away consideration of anything else" (Friedman, 2000, p.

7).

Avoidance symptoms include the victim's persistent avoidance of stimuli like

thoughts, feelings or external reminders associated with the trauma (APA, 2013). For a

trauma diagnosis, an individual has to exhibit persistent avoidance of stimuli associated

with the traumatic event, following the exposure, as evidenced by one of the following:

"avoidance of or efforts to avoid distressing memories, thoughts or feelings about or

closely associated with the traumatic events, or avoidance of or efforts to avoid external

reminders (people, places, conversations, activities, objects, situations) that arouse

distressing memories, thoughts or feelings about or closely associated with the

traumatic event" (APA, 2013, p. 273). Avoidance is not an effective method of coping

with trauma because attempts to suppress and control unwanted private emotions can

result in more unwanted thoughts and emotions (Gross & Levenson, 1997; Karekla,

Forsyth & Kelly, 2004; Lavy & van den Hout, 1994; Wegner & Zanakos, 1994).

Negative alterations cognition and mood symptoms represent feelings including

a persistent and distorted sense of blame of self or others, estrangement from others,

diminished interest in activities, or an inability to remember key aspects of the event

(APA, 2013). Victims experiencing these symptoms also may have "exaggerated

negative expectations regarding important aspects of life applied to oneself, others or

the future that may manifest as a negative change in perceived identity since the trauma" (APA, 2013, p. 275). For example, victims may think they can never trust again. For a PTSD diagnosis, an individual must experience two or more of the array of negative alterations cognition and mood symptoms (APA, 2013).

Arousal refers to sleep disturbances, hypervigilance and aggressive, reckless or self-destructive behavior (APA, 2013). People experiencing arousal responses may be irritable and angry, having outbursts of verbal or physical aggression toward people or objects for seemingly no reason (APA, 2013). These victims also may display a heightened startle response to loud noises or unexpected movements (APA, 2013). They also may have "concentration difficulties, including difficulty remembering daily events or attending to focused tasks," or have difficulties falling or staying asleep (APA, 2013, p. 276). These symptoms make it difficult for people with traumatic stress to focus on other cognitive tasks (Friedman, 2000). To be diagnosed with PTSD, an individual must experience two or more of the myriad of arousal symptoms.

In summary, Post-traumatic Stress Disorder (PTSD) is distress or impairment of an individual's social interactions, capacity to work or ability to function properly following exposure to a traumatic stressor (APA, 2013). A traumatic event is that which results in death, threatened death, serious injuries, or sexual violence, including things like natural disasters (Hussain, Weisaeth & Heir, 2011), murders, assaults, fires, and natural deaths (APA, 2013). Exposure to a traumatic stressor is the result of an individual "directly experiencing or witnessing a traumatic event, learning that a traumatic event occurred to a close family member or friend, or experiencing firsthand repeated or extreme exposure to aversive details of a traumatic event (not through

media, pictures, television, or movies, unless work related)" (APA, 2013, p. 271). PTSD

symptoms are described in four diagnostic categories (APA, 2013). First,

reexperiencing symptoms involuntarily cause the victim to vividly remember or relive

the traumatic exposure (APA, 2013). Second, avoidance symptoms include the victim's

persistent avoidance of stimuli like thoughts, feelings or external reminders associated

with the trauma (APA, 2013). Third, negative alterations cognition and mood symptoms

represent feelings including a persistent and distorted sense of blame of self or others,

estrangement from others, diminished interest in activities, or an inability to remember

key aspects of the event (APA, 2013). Fourth, arousal refers to sleep disturbances,

hypervigilance and aggressive, reckless or self-destructive behavior (APA, 2013). Each

of these symptom categories must be present at different levels to constitute a PTSD

diagnosis.

Trauma diagnoses

Outcomes associated with traumatic experiences are not limited to Post-

traumatic Stress Disorder. The results of trauma exposure extend across a range of intra-

and interpersonal problems (Follette, Palm & Pearson, 2006). Post-traumatic Stress

Disorder symptoms combine in various amounts to create what may be thought of as

three levels of emotional trauma. *First*, *Post-traumatic Stress Disorder*, as described

above, is an emotional response to a traumatic stressor that prohibits sufferers from

functioning normally in their personal and professional lives (APA, 2013). PTSD

symptoms can appear at any time following an individual's exposure to a traumatic

stressor, but must last longer than one month before a diagnosis is justified (APA,

2000). PTSD is the most serious and debilitating of the trauma responses.

Second, *Acute Stress Disorder* (ASD) also is a response to a traumatic stressor. Acute Stress Disorder was recognized as an official diagnosis for the first time in the *Diagnostic and Statistical Manual of Mental Disorders IV* (1994). The differences in ASD and PTSD are the duration and types of symptoms required for a diagnosis. PTSD symptoms lasting more than a week but less than a month may be diagnosed as ASD (Friedman, 2000). ASD may begin within days after trauma exposure (Williams & Poijula, 2002). About half of the population experiencing ASD is symptom free within three months (APA, 2013). For a diagnosis of ASD, a victim has to exhibit nine or more of the array of symptoms in the intrusion, negative mood, dissociation, avoidance, or arousal categories (APA, 2013). Acute Stress Disorder is identified in 6% to 50% of the population exposed to a traumatic stressor (APA, 2013).

Third, the lowest level of emotional trauma is an *adjustment disorder*. This is a psychological response to an identifiable stressor or multiple stressors that results in emotional or behavioral symptoms, but does not represent a full diagnostic spectrum for Acute Stress Disorder or Post-traumatic Stress Disorder (APA, 2013). The stressor can be of any severity when diagnosing an adjustment disorder, which means life stressors like being fired, getting divorced or suffering a life-threatening illness may fall here (APA, 2013). The stressor may be a single event, or multiple, recurrent or continuous events, and may affect a single person, a family or a larger group or community (APA, 2013). The symptoms must develop within three months of experiencing the traumatic stressor and may last up to six months (APA, 2000). Symptoms are indicated by distress out of proportion to the severity or intensity of the stressor and/or significant impairment in social or occupational functioning (APA, 2013). Anger, depression and

guilt are common symptoms of adjustment disorders (APA, 2013). What may be considered a normal response to a traumatic stressor still can qualify for a diagnosis of adjustment disorder if the reaction is severe enough to cause significant impairment (APA, 2000). Adjustment disorders are associated with an increased risk of attempted and completed suicide (APA, 2013).

Indirect trauma

Emotional trauma victims are not always those directly impacted by the traumatic happening. As indicated in the official Post-traumatic Stress Disorder definition, PTSD also can be the result of witnessing or hearing about a traumatic event (APA, 2013). Researchers have labeled the experiencing of emotional trauma without direct exposure to the traumatic event in many ways including *emotional contagion*, *vicarious traumatization*, *secondary traumatization*, *secondary traumatic stress*, and *compassion fatigue* (e.g., Dunkley & Whelan, 2006; Figley, 1995; McCann & Pearlman, 1990; Miller, Stiff & Ellis, 1988; Remer & Ferguson, 1995; Stamm, 1997, Stamm, 1999). These terms are not part of the official diagnosis, but commonly are used in the literature to explain the emotional impact of trauma on someone who experienced it indirectly.

Research on indirect trauma emerged as early as 1980 in relation to emergency service workers (Dunning & Silva, 1980; Durham, McCammon & Allison, 1985). Neumann and Gamble (1995) studied vicarious trauma in a group of trauma therapists, concluding that new therapists may be more susceptible to trauma because they have a more vulnerable sense of professional identity, may be at the bottom of the organizational hierarchy, may be trained on the job by being assigned the most difficult

patients, and may lack collegial and technical support. The authors encouraged support

for trainees, including organizational acknowledgement and validation of the impact of

vicarious trauma, trauma training programs, and mental health supervision, if deemed

necessary. Figley (1995) claimed the number of trauma sufferers was much greater than

previously believed because compassion fatigue may impact family, friends and

caregivers. The researcher called this secondary traumatic stress the "cost of caring"

(Figley, 1995, p. 7).

Post-traumatic Stress Disorder and comorbidity

It is unlikely that people diagnosed with Post-traumatic Stress Disorder suffer

from that disorder alone. Individuals with PTSD are 80% more likely than those without

the stress disorder to have symptoms that meet diagnostic criteria for at least one other

mental disorder (APA, 2013; Koenen, et al., 2008). Individuals with PTSD are likely

also to suffer major depression (e.g., Backholm & Björkqvist, 2012; Breslau, Davis,

Peterson, & Schultz, 2000), anxiety disorders and/or substance abuse disorders (e.g.,

APA, 2013; Breslau, 2013; Breslau, Davis & Shultz, 2003; Jacobsen, Southwick &

Kosten, 2001). "Psychiatric comorbidity is often considered the rule rather than the

exception for individuals with PTSD" (Hussain, Weisaeth & Heir, 2011, p. 135).

Research has shown that eating disorders (e.g., Brewerton, 2007; Mitchell, Mazzeo,

Schlesinger, Brewerton, & Smith, 2012), somatoform, a mental illness characterized by

physical symptoms or injuries, and psychotic disorders also all may be associated with

PTSD (Williams & Poijula, 2002). Adjustment disorders can accompany any mental or

medical disorder (APA, 2013). The costs of not attending to trauma-related emotional

stress include short- and long-term emotional and physical disorders, strains on

interpersonal relationships, substance abuse, burnout, and shortened careers (Beaton &

Murphy, 1995). People in high-risk professions, including journalism, are more prone to

problems like divorce, alcoholism, drug abuse, high blood pressure, and heart attacks

(Ricchiardi & Gerczynski, 1999).

Problems as the result of maladaptive trauma responses can be thought to

present themselves in three basic areas—physical health, relationship disturbances and

substance abuse.

First, maladaptive trauma response presents itself in physical health, which

includes secondary traumatic stress and other health consequences (Jacobsen,

Southwick & Kosten, 2001; Krantz, Grunberg & Baum, 1985). Health-related trauma

symptoms are manifest in intrusion, avoidance, hypervigilance, disturbed sleep,

demoralization, anger, fear, psychological reactivity, a sense of alienation, isolation or

withdrawal, loss of confidence, guilt, feelings of insanity, a loss of control, and suicidal

thoughts (e.g., Beaton & Murphy, 1995; Williams & Poijula, 2002). Trauma over

stimulates a persons' autonomic nervous system, making arousal levels chronically high

(Williams & Poijula, 2002). This arousal may result in the victim having difficulty

falling or staying asleep, feeling irritable or having angry outbursts, having

concentration or memory problems, being hypervigilant, startling easily, or feeling void

of energy for healing (Williams & Poijula, 2002). This constant state of arousal can

result in the body shutting down and becoming physically ill (Williams & Poijula,

2002). Some trauma survivors express the trauma through immune system-related

illnesses like chronic fatigue, fibromyalgia, irritable bowel syndrome, headaches, and

severe tension (Williams & Poijula, 2002).

The way the body remembers trauma is known as *somatization* (Williams & Poijula, 2002). Somatization results in symptoms like digestive problems, chronic pain, cardiopulmonary issues, and sexual dysfunction (Williams & Poijula, 2002). Some of these may be *conversion symptoms* or problems related to trauma and abuse attached to the parts of the body harmed during the trauma (Williams & Poijula, 2002). A person's body may show symptoms of trauma related to body parts that the person does not remember being harmed during the traumatic event or a person may have chronic pain resulting from emotions associated with the traumatic event (Williams & Poijula, 2002).

Second, maladaptive trauma response presents itself through psychosocial issues or relationship disturbances (Jacobsen, Southwick & Kosten, 2001). Trauma shatters the victim's assumptions about the world, makes the person feel out of control and disrupts social networks when the victim withdraws or can't relate to others normally (Flannery, 1990). Trauma can make victims feel like no one else, even a professional, can understand or help (Flannery, 1990). These feelings may result in an increased likelihood of divorce (North et al., 2002) and in problems being expressive or physical aggression toward romantic partners (Carroll, Rueger, Foy, & Donahoe, 1985).

Third, maladaptive trauma response may result in substance use or abuse (Jacobsen, Southwick & Kosten, 2001). Not everyone exposed to trauma is at risk for addiction to nicotine, alcohol or drugs (e.g., Breslau, 2013; Breslau, Davis & Schultz, 2003). However, people who develop Post-traumatic Stress Disorder as a result of their trauma exposure are at higher risk for substance use disorders (e.g., Breslau, 2013; Breslau, Davis, Peterson, & Schultz, 1997; Breslau, Davis & Schultz, 2003; Fu et al., 2007; Jacobsen, Southwick & Kosten, 2001; North et al., 2002; Stewart, 1996).

Estimates of the prevalence of lifetime substance use disorders range from about 22% to 43% in PTSD sufferers, compared to 8% to 25% in the general population (Jacobsen, Southwick & Kosten, 2001). More than 90% of Vietnam combat veterans with PTSD reported chronic substance abuse (Boudewyns, Woods, Hyer, and Albrecht, 1991). This may be because trauma victims with PTSD are distressed and motivated to self-medicate in an effort to alter their symptoms (e.g., Bremner, Southwick, Darnell & Charney, 1996; Breslau, 2013; Breslau, Davis, Peterson, & Schultz, 1997; Jacobsen, Southwick & Kosten, 2001; Wegner & Zanakos, 1994).

Researchers have documented trauma-related responses in journalists in all three basic areas—physical health, relationship disturbances and substance abuse (e.g., Freinkel, Koopman & Spiegel, 1994; McMahon, 2001; Simpson & Boggs, 1999; Simpson & Coté, 2006; Strupp & Cosper, 2001). Health-related trauma symptoms reported in journalists include anxiety, dissociation, avoidance, re-experiencing, depression, heightened startle response, guilt, and trouble sleeping (e.g., Freinkel, Koopman & Spiegel, 1994; McMahon, 2001; Strupp & Cosper, 2001).

Browne, Evangeli and Greenberg (2012) surveyed 50 journalists exposed to traumatic events and found a relationship between Post-traumatic Stress Disorder symptoms and feelings of guilt. The authors wrote that journalists are unique from other high-risk groups in that they experience and/or witness traumatic events for their jobs, but are expected not to intervene or assist victims. This journalistic norm may present journalists with ethical dilemmas on how to remain a moral human and still be objective (Browne, Evangeli & Greenberg, 2012). Specific aspects of their jobs also may make journalists more vulnerable to guilt (Browne, Evangeli & Greenberg, 2012). For

example, attempting to get interviews from people who the journalists have just witnessed suffering a trauma may cause journalists to feel morally and ethically conflicted (Simpson & Cote´, 2006).

Journalists experiencing emotional trauma may project their feelings on friends, relatives and coworkers (Simpson & Cote´, 2006). Journalists report observing anger, irritability, sadness, occasional crying, depression, anxiety, and nervousness in some coworkers who have covered traumatic events (Simpson & Boggs, 1999). Some journalists also reported seeing their peers smoke and drink excessively or abuse illegal substances after trauma exposure (Feinstein, Owen & Blair, 2002; McMahon, 2001; Osofsky, Holloway & Pickett, 2005; Simpson & Boggs, 1994; Simpson & Cote´, 2006). There also is anecdotal evidence of journalists self-medicating with alcohol to cope with the negative emotional affect of covering traumatic events (Ricchiardi & Gerczynski, 1999).

Risk and prognosis factors

Factors related to the individual exposed to the trauma and the traumatic happening itself may influence the development and severity of traumatic stress. The *Diagnostic and Statistical Manual of Mental Disorders V* (APA, 2013) identifies these items as risk and prognostic factors, which are divided into pretraumatic, peritraumatic and posttraumatic factors.

Pretraumatic factors are those existing before exposure to the traumatic stressor and are classified as temperamental, environmental, and genetic and physiological (APA, 2013). Temperamental factors included childhood emotional problems like trauma exposure or anxiety by six years of age and prior mental disorders like panic or

depressive disorders (APA, 2013). Environmental factors include lower socioeconomic status, lower education level, exposure to prior trauma, especially during childhood, childhood adversity like parental separation or death, cultural characteristics like self-blaming coping strategies, lower intelligence, minority racial or ethnic status, and a family psychiatric history (APA, 2013). People with a trauma history consisting of previous exposure to traumatic events, a history of abuse or those with unstable family histories are more likely to respond negatively to trauma exposure (Backholm & Björkqvist, 2012; Williams & Poijula, 2002).

Genetic and physiological factors include gender and younger age at the time of trauma exposure. Post-traumatic Stress Disorder can occur at any age, with symptoms typically beginning within the first three months after the trauma exposure (APA, 2000). Research has found, however, that people under the age of 25 often react more significantly to trauma than older people (Friedman, 2000; Williams & Poijula, 2002). A lifetime prevalence of exposure to traumatic events is higher among men, but the risk of developing PTSD is about two times higher in women (e.g., APA, 2013; Breslau, Davis & Schultz, 1997; Lasiuk & Hegadoren, 2006; Tolin & Foa, 2006; Williams & Poijula, 2002). Factors proposed to account for the variation include women's greater likelihood of being sexually assaulted and child abuse, the meanings ascribed to traumatic experiences, and societal and hormonal influences (e.g., APA, 2013; Lasiuk & Hegadoren, 2006; Tolin & Foa, 2006).

Peritraumatic factors are those that occur in conjunction with the trauma exposure and are classified as environmental factors. These types of factors include severity of the trauma with the greater magnitude of trauma resulting in the greater

likelihood of PTSD, perceived life threat, personal injury, interpersonal violence, particularly trauma perpetrated by a caregiver or involving threat to a child's caregiver, and, for military personnel, being a perpetrator, witnessing atrocities, or killing the enemy (APA, 2013).

Severity, duration and proximity of the trauma help predict the likelihood of an emotionally traumatic response to trauma exposure (APA, 2000; Williams & Poijula, 2002). The likelihood of developing trauma increases as the intensity of and physical proximity to the traumatic stressor increase (Williams & Poijula, 2002). The amount of preparation time individuals have prior to the traumatic event, the amount of damage done to them, the amount of death and devastation they witness, and the degree of responsibility they feel for not stopping the event all can impact their reaction to a traumatic event (Williams & Poijula, 2002). In addition, different types of stressors cause various levels of emotional trauma, with man-made events thought to be more traumatic than natural disasters (APA, 2000).

The number of traumatic events a person is exposed to is thought to have an impact on the likelihood of experiencing a negative affective response, as multiple traumatic events have the ability to emotionally accumulate (e.g., Arata, 1999; Beaton & Murphy, 1995; Breslau, Chilcoat, Kessler, & Davis, 1999; Follette, Polusny, Bechtle, & Naugle, 1996; King, King & Foy, 1996). However, there also is research that suggests that resilience can follow multiple trauma exposures (e.g., Brunet, Boyer, Weiss, & Marmar, 2001; Solomon, Mikulincer & Jakob, 1987; Weiss, Marmar, Metzler, & Ronfeldt, 1995).

Posttraumatic factors are those that follow the exposure to the traumatic stressor, including temperamental and environmental factors. Temperamental factors include negative appraisals, inappropriate coping strategies and development of Acute Stress Disorder (APA, 2013). Environmental factors include subsequent exposure to repeated upsetting reminders, subsequent adverse life events and financial or other trauma-related losses (APA, 2013). Some people are more resilient to emotional trauma exposure than others because of positive personality traits, their ability to be mindful in negative situations and their ability to compartmentalize negative experiences (e.g., Follette, Palm & Pearson, 2006; Kobasa, 1979; Langer & Moldoveanu, 2000; Lefcourt, Martin & Saleh, 2984; Linville, 1987; Pearlman, 1999; Showers, Zeigler-Hill, & Limke, 2006; Williams & Poijula, 2002).

The first two of the three risk and prognostic factors—pretraumatic and peritraumatic factors—have been identified in studies of journalists and trauma. While post-traumatic factors are not explicitly addressed in the literature, it is clear that some journalists exposed to traumatic events do not experience emotional trauma as a result, suggesting some journalists are more resilient to emotional trauma than their peers.

Newman, Simpson and Handschuh (2003) found that life experiences outside of journalism like attempted sexual assault, sexual abuse as a child, kidnapping, domestic violence, physical abuse as a child, involvement in car accidents, and witnessing domestic violence made photojournalists more likely to report Post-traumatic Stress Disorder symptoms, confirming a pretraumatic factor relationship in journalism. Peritraumatic factors suggest that female journalists and those just out of college and new to the professional newsroom are more likely to suffer emotional trauma than their

male, older, more experienced counterparts. The age assertion is consistent with

research in which journalists could vividly remember and describe their first job-related

trauma exposure and claimed to have been unprepared for such exposure (Simpson &

Boggs, 1999). However, at least one study (Sinyor & Feinstein, 2012) found no

significant gender differences in the frequency of substance abuse or symptoms of

anxiety, PTSD or depression in male or female war journalists. The same study,

however, also consisted of a highly educated sample of female journalists, suggesting

that education may have been a greater factor than gender.

Peritraumatic factors also suggest that journalists who are exposed to severe

trauma, that which is in close proximity, or are exposed over a period of time are more

likely to suffer emotional trauma than their peers. This is consistent with research

findings that the longer a person works as a journalist and the more trauma-related

assignments he or she is given, the more likely he or she was to report trauma

symptoms (e.g., Backholm & Björkqvist, 2010; Newman, Simpson & Handschuh,

2003; Simpson & Boggs, 1999). In addition, different types of stressors cause various

levels of emotional trauma, with man-made events thought to be more traumatic than

natural disasters (APA, 2000). Journalists, of course, report on man-made traumatic

events and natural disasters. All of these factors may explain why events like the attacks

on the World Trade Center, the bombing in Oklahoma City and school shootings have a

profound effect on journalists (Simpson & Cote´, 2006).

Conclusion

Journalists can suffer psychological trauma as a result of direct or indirect

exposure to traumatic events through their work (e.g., Feinstein, Owen & Blair, 2002;

Freinkel, Koopman & Spiegel, 1994; Keats, 2010; Newman, Simpson & Handschuh, 2003; Pyevich, Newman & Daleiden, 2003; Simpson & Boggs, 1999; Simpson & Cote´, 2006). Emotional responses to traumatic events are variable, with most journalists recovering naturally without the need for external intervention (Horowitz, 1983; Valent, 1995). However, some journalists have maladaptive responses to trauma exposure and are unable to return to their normal levels of functioning (Valent, 1995). To be diagnosed with a trauma-related emotional disorder, a journalist has to have been exposed to an emotional trauma, then experience various levels of symptoms in the four diagnostic categories of re-experiencing, avoidance, negative cognitions and mood, and arousal (APA, 2013).

Post-traumatic Stress Disorder, the highest level trauma-related diagnoses, requires that the journalist experience symptoms for more than a month (APA, 2013). Journalists experiencing symptoms for longer than a month would first be diagnosed with Acute Stress Disorder, a lower level of trauma-related diagnosis, with the PTSD diagnosis becoming a possibility if the journalist still is experiencing a full range of symptoms after three months (APA, 2013). Journalists who experience a maladaptive trauma response without a full range of symptoms may be diagnosed with an adjustment disorder or Acute Stress Disorder, depending on the severity and longevity of the symptoms (APA, 2013). Journalists experiencing emotional trauma are likely also to suffer from another physical or emotional problem like depression, anxiety, anger, fear, hypervigilence, headaches, chronic fatigue, or an inability to sleep (e.g., APA, 2013; Koenen, et al., 2008). Journalists suffering emotional trauma likely would attempt to cope with their negative emotions, which frequently results in increased

alcohol or substance use or abuse and/or a breakdown in their personal and professional relationships (e.g., Freinkel, Koopman & Spiegel, 1994; McMahon, 2001; Simpson & Boggs, 1999; Simpson & Cote´, 2006; Strupp & Cosper, 2001).

Some journalists are more likely than their colleagues to experience emotional trauma. Journalists with a history of emotional trauma, previous personal trauma exposure, unstable family histories, issues with other mental disorders, those under the age of 25, and females are more likely to suffer emotional trauma (APA, 2013). Journalists exposed to multiple or large-scale traumatic events and those exposed with close physical proximity to a traumatic event also are more like to suffer emotional trauma (APA, 2013). Also, some journalists just have better coping strategies and stronger support networks, making them less like than their peers to experience emotional trauma (APA, 2013).

Regardless, emotional trauma is treatable, if trauma survivors are provided with the tools they need to readjust (Ochberg, 1991). But, to be treated, the possibility of emotional trauma and its impact must first be recognized by individual journalists and within the newsroom organization (Ochberg, 1991). The next chapter begins to address this issue by exploring the traits of journalism professionalism that may result in journalists denying emotional trauma when they experience it. It also begins to explain the conflict between professional journalism values and the negative emotional affect some journalists experience after witnessing traumatic events through their work, and how journalists are socialized into these professional roles.

Chapter 4: Journalism Professionalism

Journalists are exposed directly and indirectly to traumatic events as part of their work, much in the same manner as crisis workers (Osofsky, Holloway & Pickett, 2005; Simpson & Cote´, 2006). This exposure makes journalists susceptible to an array of negative emotional responses, including Post-traumatic Stress Disorder, which creates an inability to work or function properly and includes symptoms like reliving the traumatic event, avoiding stimuli related to the trauma, self blame, estrangement from others, angry outbursts, aggression, sleep disturbances, and destructive behaviors (American Psychiatric Association, 2013). Journalists also may suffer from lower-level trauma disorders with similar symptoms (APA, 2013). All of these emotional disorders are treatable, but they first must be identified as possibilities and recognized when they occur (Ochberg, 1991).

Despite proof to the contrary, journalism rarely is recognized as a profession prone to emotional trauma, even by those working in the field or managing newsrooms (e.g., Feinstein, 2004; Osofsky, Holloway & Pickett, 2005; Ricchiardi & Gerczynski, 1999; Simpson & Boggs, 1999; Simpson & Cote´, 2006). Editors believe journalists suffer temporary effects, if any, from covering violence (Simpson & Cote´, 2006, p. 37), while reporters pride themselves on a professional detachment and stoicism that allows them to cover any story without being affected personally (e.g., Ricchiardi, 2001; Strupp & Cosper, 2001).

The purpose of this chapter is to establish how journalists are socialized into their professional values (Beam, 1993; Breed, 1955; Gans, 1979; Shoemaker & Reese, 1996; Tuchman, 1978), which guide their ways of thinking and behaving in relation to

their profession, creating an attachment to their coworkers, readers, and journalistic tasks and values (Callaway-Russo, 1998). This socialization results in journalists highly identifying with the journalism profession, even more so than with the media outlet for which they work (Callaway-Russo, 1998). It's also through this socialization that journalists learn to remain emotionally detached when witnessing and reporting about traumatic events (Simpson & Cote´, 2006). The professional values of journalism, especially objectivity, may create a conflict for journalists who experience negative emotional affect as a result of covering trauma. This tension then may result in journalists declaring themselves less professional because they have negative feelings and responses to witnessing trauma (Baum, 2004).

To better explain this potential professional conflict, this chapter first will introduce the concept of professionalism and how journalism fits within what typically is considered a profession, with its own knowledge base, professional goals, values, norms, and symbols. It then provides an overview of the foundations of journalistic values—freedom and social responsibility. The journalistic values of public service, truth and objectivity are considered individually as they explain journalists' motivations for performing their craft and how these motivations result in trauma exposure. Objectivity specifically begins to explain why journalists and newsroom managers may not think journalists are prone to emotional trauma and why journalists tend to deny their emotional responses to covering these events. Finally, the chapter explains how journalists are socialized into their professional roles and how this socialization includes a focus on detachment, which further encourages journalists and their managers to deny emotional responses to trauma exposure.

Defining professionalism

Professionalism is an "organizing principle of occupational cohorts" (Gade & Lowrey, 2011, p. 30). Professions, then, are "occupational groups that have secured and institutionalized the authority to create and direct the substance, performance and goals of their work" (Beam, 1993, p. 908). A profession delivers services to individuals, groups or to the public at large, and "professions come near the top of the prestige ratings of occupations" (Hughes, 1965, p. 3).

Although scholars don't agree on the exact traits of a profession, Beam, Weaver and Brownlee (2009) identified seven traits frequently repeated in literature on the topic. *First*, the occupation is organized around a body of knowledge or specialized technique. *Second*, the occupation's members have autonomy to do their work. *Third*, members of the occupation put public service ahead of economic gain. *Fourth*, the occupation has an established professional culture that includes organizations or institutions that promote its values, norms and symbols. *Fifth*, the occupation socializes its members through education and training. *Sixth*, the occupation's members produce an unstandardized product, meaning their work cannot be replicated by a nonprofessional. *Seventh*, the occupation is lifelong and terminal because members of a profession typically spend their working lives devoted to that professional work. Non-professions also may have some of these qualities, but to a much lesser degree (Greenwood, 1957).

Professionals perform tasks essential for society to function properly, and professionals possess knowledge and skills that individuals outside of the profession do not (e.g., Abbott, 1988; Drucker, 2010; Freidson, 1984; Lynn, 1965). All professions

require training in, and a command of, a specific body of theoretical knowledge that drives its practices, (Abbott, 1988; Hughes, 1965). Most professions begin with a four-year degree program in the field (Becker & Vlad, 2011), which typically is followed by training and socialization into the profession (Drucker, 2010). Education requirements provide an entry barrier into the field and give professionals prestige and societal exclusiveness while upholding their legitimacy (Abbott, 1988). Trained, educated professionals, who Drucker (2010) labeled knowledge workers, are mobile and sought after, remaining employed with a certain organization because they want to be, not because they have to or need to be (Drucker, 2006). Knowledge workers contribute uniquely to an organization because of the experience, information and understanding they possess (Drucker, 2006). In short, they do work that others do not have the knowledge and understanding to do. Professionals also are different from other workers because they bring commitment and concern to their work (Freidson, 1984).

Professionals' exclusive knowledge base allows them to build a protective market shelter, which guards the profession from economic influences, keeps out competitors, controls who qualifies to enter the profession, and gives them autonomy (Becker & Vlad, 2011; Freidson, 1984). This legitimates professional work, allowing workers to determine how best to use their knowledge base to perform their professional functions for the betterment of the profession and society (Becker & Vlad, 2011). Professions must innovate and continually establish their unique skills and knowledge to remain relevant (Becker & Vlad, 2011). The profession's academic knowledge base also must adapt and provide solutions to emerging problems, protecting and strengthening the market shelter (Becker & Vlad, 2011).

Some professions—like law and medicine—have strict standards of membership (i.e., required academic degrees, formal licensing or mandatory training), while others consider the traits, attributes and functions of the professionals who perform the occupation (Becker & Carper, 1956). Professions erect entry barriers by requiring workers to possess unique skills and knowledge, formal education, and special credentials or licensing (e.g., Greenwood, 1957; Hughes, 1965; Timmermans, 2008). "The professionals claim the exclusive right to practice, as a vocation, the arts which they profess to know, and to give the kind of advice derived from their special lines of knowledge" (Hughes, 1965, p. 2). Professionals' specialized knowledge and training allows them to demand that their clients trust their skills and judgments (Hughes, 1965).

While entry into the profession may be challenging to attain, professions cherish recruits once they get them. Professionals make it clear to recruits that they owe it to themselves, to the profession and to the school where they received their training to stick with their profession of choice (Hughes, 1965). Professionals have feelings of possessiveness about new recruits and instill these values of commitment by encouraging recruits to join professional organizations (Hughes, 1965). "The professional student is, to some extent, already an organization man" (Hughes, 1965, p. 9).

Because professionals' work is essential for society to function properly, professionals must have the autonomy to use their knowledge base for the betterment of their profession and society. Professionals' knowledge makes them essentially self-governing, providing them with a high level of autonomy over their work, as they are independent of significant formal control by nonprofessionals and responsible mainly to

their own professional associations and others in their professional field (Freidson, 1984). Professional associations regulate professionals by reserving the right to discipline members by removing them from the organization or withdrawing privileges (Freidson, 1984). "Only the professional can say when his colleague makes a mistake" (Hughes, 1965, p. 3). Because of norms, this collegial control is not exercised judiciously or systematically (Freidson, 1984). It is the duty of professionals to maintain professional standards of work and to understand their own limitations, seeking help from other professionals when necessary (Wilensky, 1964). However, this self-regulation may be minimized by the organizations through which professionals do their work (Freidson, 1984). "Professionals owe allegiance to their peers and to their profession. They seek to control their work in light of their own standards, while resisting the necessity to take orders from bureaucratic superiors who assert the aims of the employing organization" (Freidson, 1984, p. 10).

Professions' public service nature and their specialized knowledge base allow professionals to define their values and practices and control entry into the field (Freidson, 1984). The professions are thought to have a better opportunity to perform service for vulnerable clients than non-professions (Wilensky, 1964). The professional performs services primarily for the psychic satisfactions and secondarily for the monetary compensation (Greenwood, 1957). "The service ideal is the pivot around which the moral claim to professional status revolves" (Wilensky, 1964, p. 140). The professional is devoted to his or her work and is absorbed in it (Greenwood, 1957). Because of this, work invades the non-work hours with little separation between work and leisure, making work life for a professional (Greenwood, 1957).

The education and training that professionals undergo informs the values and norms that guide how they conduct their work. Given their autonomy, members of a profession can institutionalize the expectations and standards of work performance (Barber, 1965; Beam, 1993). Norms and values become codified, reinforcing their importance and the need for professionals to pass this knowledge to those wishing to enter the profession (Abbott, 1988). The sharing of codified values generally occurs through education, professional societies and codes of ethics (Wilensky, 1964). Professional values are institutionalized by a profession's members and reinforced through education, training, professional associations, systems for rewarding professionals, and codes of ethics (Lynn, 1965). "In professions, the occupational group collectively acts as the primary agent of social control for its members by institutionalizing certain expectations of behavior and standards of work performance for those members" (Beam, 1993, p. 908).

The professional culture consists of values, norms and symbols shared by those in the group (Greenwood, 1957). The commitment to objectivity in the realm of theory and technique is one such professional value, which allows professionals to think scientifically, not emotionally, about their work (Greenwood, 1957). Professionals are expected to be impersonal and objective in their work, limiting the relationship to the task at hand and avoiding emotional involvement (Wilensky, 1964). They also are expected to be impartial, giving equal service to all clients (Wilensky, 1964). Professionals are expected to think objectively and inquiringly about their work, including about matters that they find painful to approach when affected by them personally (Hughes, 1965). Detachment is a key theme of professionalization, meaning

52

professionals should have no personal conflicts of interest in their work that would

influence their actions or advice (Hughes, 1965). Instead, professionals are thought to

be equally interested in all cases that make up their work (Hughes, 1965).

To successfully become a professional, practitioners must conform to a set of

norms that characterize their established profession (Wilensky, 1964). These norms

dictate that the practitioner does high quality work while adhering to the service ideal

(Wilensky, 1964). The norms of a professional group also act as behavioral guides in

social situations (Greenwood, 1957). There is a behavioral norm for every standard

interpersonal situation likely to occur in the professional's life (Greenwood, 1957).

People identify their work by their occupational titles and associated ideology,

by their commitment to tasks, by their commitment to a certain organization or

institutional position, and by the significance or view of their position in the larger

society (Becker & Carper, 1956). A person's occupational title carries symbolic

meaning, helping identify that person as a part of a broader field and associating him or

her with certain qualities, interests and capabilities (Becker & Carper, 1956). Because

of all of these associations, individuals and the public react either positively or

negatively to titles, making them objects of attachment or avoidance (Becker & Carper,

1956). Income, prestige and specific honors or symbols of achievement also are forms

of social reward for work performance (Barber, 1965). But the reward systems in the

professions tend to consist of things like prestige, titles, medals, prizes, and offices in

professional organizations (Barber, 1965). These rewards are in addition to income for

the lifestyle considered appropriate to the profession (Barber, 1965). Professions aren't

necessarily well paid, but the public ranks them at the top of the occupational hierarchy (Barber, 1965).

In summary, a professional is a member of an occupational group with shared knowledge, values and norms, and a common purpose (Lowrey & Gade, 2011). Professionals put public service ahead of economic gain, performing their services for personal satisfaction more than monetary compensation (Beam, Weaver & Brownlee, 2009; Greenwood, 1957). The professional is socialized into the profession—its culture of unique values, norms and symbols—through education and training. One value of a profession is the commitment to objectivity, which posits that professionals are expected to limit their professional relationships to their current task and avoid emotional involvement (Greenwood, 1957; Wilensky, 1964). Professionals are expected to think objectively, scientifically about their work, including about matters that are personally painful (Hughes, 1965). Professionals care about their work, and are committed to it, making it more of a lifestyle than a job, one they are devoted to for life (Beam, Weaver & Brownlee, 2009; Freidson, 1984; Greenwood, 1957).

Journalism as a semi-profession

Many occupations attempt to become professions, likely because professions are considered prestigious, but not all of them succeed (Hughes, 1965; Wilensky, 1964). Journalism has been called a semi-profession because it has many elements of a profession, but fails to achieve others (Beam, 1993). For example, criteria for entry into the journalism profession and professional standards are ambiguous and not legally mandated (Beam, 1993). Journalists have struggled to articulate how their industry relies on a specialized knowledge base, instead arguing that they recognize journalism

"when they see it" and that the audience does not share this ability (Becker & Vlad, 2011). Tunstall (1971) described journalism as an indeterminate occupation because the term journalist is used to describe people who perform a diverse range of activities with varying levels of professional knowledge, education, training, and skill. "To the extent that it lays claim to a high-minded societal role, a set of learned ethical principles, and a strong tradition of independence, journalism conducts itself like a profession—if not quite like the traditional professions of law and medicine, where bodies of knowledge are systematically accumulated in academic settings and then put to use in the field" (Shoemaker & Reese, 2014, p. 229).

Journalism is not as controlled as some other professions in that it requires no special education or licensing. "As a First Amendment issue, American journalism has traditionally shunned anything that resembled pre-requisites of an official license to practice, such as that required in many jobs" (Shoemaker & Reese, 2014, p. 229). Journalism's strong "learning by doing" streak borders on anti-intellectual (Shoemaker & Reese, 2014). "The idea of journalism as being something better learned on the job allows time for acculturation of recruits into values, beliefs and behavioral expectations of the profession—learning the spoken and unspoken rules of engaging in the practice of journalism and with fellow journalists" (Keats, 2010, p. 234). Journalists also have a difficult time understanding and articulating more specific values, although they cling to these values during times of change, recently using them to justify how journalism differs from the ability of anyone with a computer to publish information (Singer, 2011). Even values widely accepted by journalists—like fairness, objectivity and

55

truth—aren't commonly agreed upon in practice by those working within the profession (Greenhouse, 2012).

Autonomy, the broad latitude to carry out occupational duties or responsibilities, is at the foundation of journalists' professional identities (e.g., Callaway-Russo, 1998; Beam, 1993; McDevitt, Gassaway & Perez, 2002). Reporters think their work can survive only in a society that protects media from censorship, in a company that saves journalists from outside influences, in a newsroom where journalists are independent from editors, and through an organization where they are supported through professional development activities like training and education (Deuze, 2005). Journalists possess a degree of autonomy at the individual level to exercise professional judgment, depicting the world according to their own ideas by deciding what stories should be covered, what information to present and how to present it (Beam, 1993; Callaway-Russo, 1998; Schudson, 2003). Journalists also have autonomy in how they present themselves to and work with sources, and the autonomy to share information (or not) with colleagues, including that pertaining to sources (Tuchman, 1978). However, the amount of autonomy journalists have to make these decisions depends to some extent on the organization through which they practice their craft (Beam & Meeks, 2011). Journalists with higher levels of job autonomy report greater satisfaction with their jobs (Burgoon, Burgoon, Buller, & Atkin, 1987), but journalists' autonomy continues to erode (Beam, Weaver & Brownlee, 2009), despite journalists identifying that the right to make decisions about what stories to cover and what approach to take to that coverage as key in their role as journalists and to their job satisfaction (Callaway-Russo, 1998).

In summary, journalism has a professional culture that promotes values, norms and symbols. Journalists consider themselves professionals and have shared ideas about what it means to be a professional journalist (Breed, 1955; Deuze, 2007; Shoemaker & Reese, 2014). Journalism's knowledge base and core beliefs stem from normative press theories, which describe an ideal way for media systems to be structured and operated. Those theories then define the value system for journalism. Journalistic professional values include public service (as watchdogs and collectors and disseminators of information), a commitment to truth, objectivity, independence to do their work without oversight or control from those in power, and fairness (Breed, 1955; Deuze, 2007; Kovach & Rosenstiel, 2007). The remainder of this chapter explores journalism's beliefs and values.

Journalism's conceptual knowledge

Journalism's societal mission is to provide people with the information they need to know to be free and self governing (Kovach & Rosenstiel, 2007). The idea behind this mission is that people will use information to be active participants in the democratic process, but they must have uncensored access to information to do so. Freedom of the press is protected by the First Amendment because of the importance of this mission to the public and their democracy. This democratic mission is the foundation of journalism's conceptual knowledge base and informs journalism's profession's values, which are reflected in its normative theories.

The normative theories that guide U.S. journalism are anchored in libertarianism and social responsibility (Gade, 2011; Merrill, 1974; Siebert, Peterson & Schramm, 1956). "Among the core ideas are that humans are rational, able to discern fact from

fiction, and bestowed by their creator with natural rights that no human authority (i.e., church or government) can deny" (Gade, 2011, p. 69). The ideals that the truth has the power to make itself evident to rational people and that there is a social contract based on laws of reason provide the basis for free expression, private ownership and individual freedom (Gade, 2011). These ideals also form the rationale for a free press, independent from government and other social institutions (Gade, 2011; Merrill, Gade & Blevens, 2001; Merrill, 1974; Siebert, Peterson & Schramm, 1956).

Libertarian Theory. The ideals that support libertarian theory, including rationality, freedom and autonomy, can be traced to the Enlightenment (Gade, 2011; Merrill, 1974; Siebert, 1956). Enlightenment thought prescribed scientific reasoning, rather than just faith in God or the monarchy, as a method for discovering truth (Merrill, 1974). Enlightenment philosophy posits that individuals are rational animals, capable of organizing ideas, making sense of the world, and self-governing using information, as long as they are free from outside restrictions on that information (Merrill, 1974; Siebert, 1956). The philosophy supports the idea that reality and truth are governed by universal laws of nature, and that an absolute truth can be discovered through scientific method (Gade, 2011), measured and controlled (Gans, 1979). Modern ideas of journalistic objectivity are tied to the application of science to journalism (Gade, 2011). To be objective means to apply the logic of science to journalism (Gade, 2011).

These ideals of reason and rationality being used to make the truth evident to those who seek it (Merrill, 1974; Siebert, 1956) are the basis for free expression (Gade, 2011). Individuals must have unlimited access to the ideas of others and discussion must be open and free so that individuals can exercise reason and uncover truth. The

libertarian theory of the press prescribes negative freedom, or freedom *from* outside

constraint, especially by the government (Merrill, Gade & Blevens, 2001; Merrill, 1974;

Siebert, 1956). The basic assumption behind negative freedom is that, if everyone is

able to speak without constraint, the few people who abuse press freedom will be

exposed and discredited (Siebert, 1956). In order for people to find truth, make sense of

it and self-govern, there must exist a free flow of information without external control,

and the citizenry and the press must be void of outside restrictions on their capacity to

use reason and rationality for solving problems (Merrill, 1974; Siebert, 1956). This is

why Thomas Jefferson and framers of the U.S. Constitution promoted the autonomous

and unrestricted press that has marked much of U.S. modern journalism history

(Kovach & Rosenstiel, 2007; Siebert, 1956).

Under the libertarian press view, journalists can provide information to the

citizenry, and the citizens can use that information to make their own conclusions and

form their own opinions. Complete freedom for journalists to report whatever they want

without constraint or obligation is championed in this view, as the truth is said to rise

from the diversity of views that are discussed in the marketplace of ideas (Merrill,

1974). Independence from outside constraint ensures that journalists are able to serve

as independent monitors of power, particularly of the government (Merrill, 1974;

Kovach & Rosenstiel, 2007). Important to this libertarian view is that the press is under

no obligation to do anything, as obligation contradicts the concept of freedom.

However, concerns that accompany a completely free press resulted in a call for and

movement toward social responsibility.

Social responsibility. Contemporary journalism gained its values from philosophies on freedom and from a mid-20th century normative shift toward social responsibility (Borden, 2007; Merrill, 1974; Siebert, Peterson & Schramm, 1956). Critics of media at the time argued that press was too powerful, had failed to meet many elements of its democratic mission, and advanced the interest of the privileged few who owned media outlets and, therefore, needed to operate with some sense of social responsibility (Siebert, Peterson & Schramm, 1956). Social responsibility advocates claimed that freedom carried obligation and the press, because it had privileges and complete freedom under the government, was obligated to be responsible to society for carrying out some essential functions (Siebert, Peterson & Schramm, 1956). The 1947 Commission on Freedom of the Press published a report, *A Free and Responsible Press*, to clarify the roles of the U.S. press. Henry R. Luce, publisher and founder of *Time*, Inc., financed the project, which he expected would support his libertarian press views. The financing was through a $200,000 contribution to Robert Hutchins, who was the president of the University of Chicago.

The commission said unrestrained freedom had led the press to do a poor job of informing citizens what they needed to know to function well in a democracy and a commitment toward social responsibility must be imposed (Commission on Freedom of the Press, 1947). Social Responsibility theory claims the news media have a responsibility to give citizens an understanding of the information that citizenship requires (Christians, Ferré & Fackler, 1993). The commission therefore said it was no longer enough to present facts to readers, but it was necessary also to present the truth about those facts for the good of society (Commission on Freedom of the Press, 1947).

As a result of this new way of thinking, Enlightenment ideals were criticized as being too focused on individual autonomy at the expense of society and community (Christians, Ferré & Fackler, 1993).

Specifically, the commission said the press should do five things (Commission on the Freedom of the Press, 1947). *First*, the commission said the press should provide a truthful, comprehensive and intelligent account of the day's events in a context which gives them meaning. This means journalists were to provide not only facts, but also the truth about the facts, in a context that makes sense to readers. *Second*, the commission said the press should provide a forum for the exchange of comment and criticism. In other words, they should provide space and incentive for community discussion. *Third*, the commission said the press should project a representative picture of the constituent groups of society, not just those representing their publishers or advertisers. *Fourth*, the commission said the press must be responsible for presenting and clarifying the goals and values of society. And, *fifth*, the commission said the press should provide access to a day's intelligence, essentially developing the idea that the public has the right to be informed—what has become known as "the public's right to know" (Commission on Freedom of the Press, 1947; Merrill, 1974).

Journalism's values are reflected in its normative theories. The normative theories that guide U.S. journalism are anchored in libertarianism and social responsibility (Gade, 2011; Merrill, 1974; Siebert, Peterson & Schramm, 1956). Values resulting from these theories include public service, truth and objectivity.

Public service. The purpose of journalism is defined by the function news plays in the lives of the people (Kovach & Rosenstiel, 2007). "Journalism provides something

unique to a culture: independent, reliable, accurate, and comprehensive information that citizens require to be free" (Kovach & Rosenstiel, 2007, p. 3). Journalists think of their profession as the Fourth Estate, ensuring that the government serves the people (Tuchman, 1978). Journalists believe people will use the information they provide to support their democratic functions (Tuchman, 1978). They also believe in press freedom and the public's right to information (Tuchman, 1978). Public service often is coupled with journalism's normative roles in educating the public, in helping society function properly, in taking actions to benefit the public, and in serving a community generally or in serving various community groups (Beam, Brownlee, Weaver, & Di Cicco, 2009).

Journalists serve as "a stand-in for the public" to ensure the rules that allow a democracy to operate (Schudson, 1995, p. 215). Journalism's public service often is linked with the health of democracy (Beam, Brownlee, Weaver, & Di Cicco, 2009; Kovach & Rosenstiel, 2001; Overholser, 2004). Being a public representative is one reason journalists find themselves exposed to traumatic happenings. Journalists consider it their role to bear witness on behalf of society and report about these happenings to the public, regardless of the potential emotional consequences to themselves (Feinstein & Owen, 2002; Keats & Buchanan, 2009; Ricchiardi & Gerczynski, 1999).

Truth and objectivity. The normative theories that guide U.S. journalism are anchored in libertarianism and social responsibility (Gade, 2011; Merrill, 1974; Siebert, Peterson & Schramm, 1956). The core ideas of the theories are that humans are rational, able to discern fact from fiction, and have rights that authorities like the church or government cannot deny (Gade, 2011). The ideals that the truth has the power to make

62

itself evident to rational people and that there is a social contract based on laws of reason provide the basis for free expression, private ownership and individual freedom (Gade, 2011). These ideals also form the rationale for a free press that is independent from government and other social institutions (Gade, 2011; Merrill, Gade & Blevens, 2001; Merrill, 1974; Siebert, Peterson & Schramm, 1956). The thought is that citizens must have access to truthful accounts, giving them the ability to self-govern (Merrill, 1974; Schudson, 2013). This exposure to information is a basis for free expression, giving people the ability to access the ideas of others and discuss them openly and freely (Schudson, 2013). The truth is said to rise from the diversity of views discussed in the marketplace of ideas (Merrill, 1974) and be used rationally by the public.

Scientific advancements spurred the belief that the process and laws of nature were discoverable by humans through a systematic and logical approach (Gade, 2011; Siebert, 1956). "The idea that reality existed in the world, was universal and could be discovered by humans became the basis for advancing science as a method of finding truth" (Gade, 2011, p. 69). The concept of professional objectivity developed during the late 19th and early 20th centuries as various fields adopted scientific methods as a way of discovering truth and a basis for their professional values (Merrill, Gade & Blevens, 2001; Mindich, 1998; Schudson, 2003; Schudson & Tifft, 2005). Modern notions of journalistic objectivity were tied to the application of science to journalism. Journalists used scientific methods, the logic of science, to discover truth (Gade, 2011; Merrill, Gade & Blevens, 2001; Schudson & Tifft, 2005). It then was their duty to report this truth to the world (Gans, 1979). In practice, applying the logic of science to journalism meant to be detached, to control one's biases, to let the facts speak for themselves, to be

non-partisan, to rely on empiricism (what can be observed and measured), to seek

multiple views, and to be fair and balanced in representation (Gade, 2011). If journalists

adhered to objectivity, their reports should reflect reality, be truthful and provide the

public with the information it needs to know to be free and self-governing (Gans, 1979;

Kovach & Rosenstiel, 2007; Mindich, 1998; Schudson & Tifft, 2005). While not all

journalists adhered to these standards, it was assumed the public could sort fact from

fiction (Gade, 2011).

No sooner was objectivity recognized as a norm than it was criticized. Initial

critiques of press freedom and journalistic objectivity claimed that profit-oriented media

had their own agenda to make money and serve the interests of their owners, advertisers

and audiences (Gade, 2011). Critics said these goals could conflict with finding truth,

creating a marketplace of ideas, and serving society and democracy's goals (Gade,

2011). The ideas that the press is a powerful institution without sufficient oversight,

irresponsible in the use of its freedoms and pandering to a class-based set of values

were the primary concerns of The Hutchins Commission (Commission on the Freedom

of the Press, 1947).

Other scholars identified how newsroom practices were counter to journalists'

neutral and objective values (Gade, 2011). Breed (1955) found that newsrooms abided

by an unstated but understood publisher policy. He claimed journalists were socialized

into the policy, which identified issues and ideas that were favored and taboo, thereby

undermining journalism values (Breed, 1955). Journalism routines (workflow,

deadlines, story formats such as inverted pyramid, etc.) ensured journalists would fill

space and time in media products, but also restricted journalists' abilities to seek out

multiple views and tell complete stories (Tuchman, 1973). These routines led to reliance on available, authorative sources, meaning news often became what the powerful said it was, with the views of the minority or dissenters missing (Gans, 1979). Critics still argue that these routines result in a sort of "he said, she said" journalism that doesn't inform the reader, just presents opposing sides of issues (Greenhouse, 2012, p. 22).

Many in a post-modern society do not think objectivity is attainable or even preferable to other forms of discourse (Gade, 2011). Some critics think journalists try so hard to be objective that it results in them reporting the news in a passive, manufactured manner (Greenhouse, 2012). They also think the idea that one truth exists is inaccurate, since "the First Amendment recognizes no such thing as a 'false' idea" (Greenhouse, 2012, p. 23). Others reject the notion of objectivity because they think no person can ever be truly objective because of their humanity (Kovach & Rosenstiel, 2007). But the value of objectivity wasn't meant to suggest that journalists were without bias, a fact many journalists don't understand (Kovach & Rosenstiel, 2007). Instead, journalists were called to adopt objectivity by developing a consistent method of testing information so that personal and cultural biases would not undermine the accuracy of their work (Kovach & Rosenstiel, 2007). Journalists maintain objectivity as a norm and a source of power for asserting occupational control (Kovach & Rosenstiel, 2007; Schudson, 2001). A societal shift that devalues objectivity carries with it a threat to journalism's ability to define and control the values that support the craft (Gade, 2011).

The value of objectivity is not just a problem on the societal, organizational and professional levels, it also may present an individual-level conflict for journalists. Striving for objectivity, specifically the detachment seen as key in accomplishing the

65

value, may create emotional conflict for journalists exposed to traumatic events. Quite simply, journalists tie their ability to be objective and detached in covering any story to their levels of professionalism (Schudson, 2003). However, when exposed to a traumatic event, journalists cannot suppress the emotional, human response (e.g., Simpson & Boggs, 1999; Strupp & Cosper, 2001). Some journalists suffering emotional trauma as a result of their job fear acknowledging the suffering because they believe doing so reveals their inability to adhere to a core concept of journalism professionalism. In short, they believe professional journalists would not suffer emotionally as a result of trauma coverage because their objectivity would prevent it.

Journalists are socialized into the profession through undergraduate education, training, involvement in professional organizations, and observing established newsroom practices (Beam, 1993; Breed, 1955; Gans, 1979; Shoemaker & Reese, 2014; Tuchman, 1978). These values guide their ways of thinking and behaving in relation to their profession, creating an attachment to their coworkers, readers and journalistic tasks and values (Callaway-Russo, 1998). Journalists learn much of their professional craft by watching and listening to colleagues and supervisors within their industry and their individual organizations, and by practicing the craft (Beam, 1993; Breed, 1955; Shoemaker & Reese, 2014). Through this socialization, journalists learn about their publications' unspoken policies, how to function in the newsroom and the expectations of the job, so as to be rewarded, not punished (Breed, 1955). Part of this socialization is that journalists—like other professionals—are socialized into being objective, and to treating each professional assignment with the goal of finding truth by applying the logic of science. Journalism values teach journalists to remove their personal views

from their work, to control their biases, to observe events as a form of verification, and to report events from a neutral, detached perspective.

The adherence to detachment and objectivity creates a conflict of professional identify for those suffering from trauma on a personal level. Journalists are socialized into thinking that having an emotional response to a traumatic event is negative (Simpson & Cote´, 2006). For some journalists, their trauma response is so overwhelming and lasting that it impedes their ability to function properly. This results in the need for psychological treatment, which most journalists avoid, even when it is made available by their employers (e.g., Ricchiardi, 2001; Ricchiardi & Gerczynski, 1999; Simpson & Cote´, 2006). They refuse to admit that they suffer emotional trauma as a result of their work for fear that admitting such a response will mean they are less professional or will result in them being given a lesser assignment or losing their jobs (e.g., Breed, 1955; Sibbald, 2002; Simpson & Cote´, 2006).

Conclusion

A profession is an ideal type of occupation with a unique knowledge base and skill set, and the autonomy to control their values and practices, including who may enter the profession (Beam, Weaver & Brownlee, 2009). A professional is a member of an occupational group with shared knowledge, values and norms, and a common purpose (Lowrey & Gade, 2011). Professionals put public service ahead of economic gain, performing their services for personal satisfaction more than monetary compensation (Beam, Weaver & Brownlee, 2009; Greenwood, 1957). The professional is socialized into the profession—its culture of unique values, norms and symbols— through education and training.

One value of a profession is the commitment to objectivity (Greenwood, 1957). Professionals are expected to limit their professional relationships to the current task they're performing and avoid emotional involvement (Wilensky, 1964). Professionals are expected to think objectively, scientifically about their work, including about matters that are personally painful to them (Hughes, 1965). Professionals care about their work, and are committed to it, making it more of a lifestyle than a job, one they are devoted to for their entire lives (Beam, Weaver & Brownlee, 2009; Freidson, 1984; Greenwood, 1957).

Journalism has been called a semi-profession because it has many elements of a profession, but fails to achieve others. However, journalists consider themselves professionals and have shared ideas about what it means to be a professional journalist (Breed, 1955; Deuze, 2007; Shoemaker & Reese, 2014). Journalism's knowledge base and core beliefs stem from normative press theories, which describe an ideal way for media systems to be structured and operated and define the value system for journalism. Journalistic professional values include public service (as watchdogs and collectors and disseminators of information), a commitment to truth, objectivity, independence to do their work without oversight or control from those in power, and fairness (Breed, 1955; Deuze, 2007; Kovach & Rosenstiel, 2007).

Journalism's societal mission is to provide people with the information they need to know to be free and self-governing (Kovach & Rosenstiel, 2007). Journalism's values are reflected in its normative theories, which are anchored in libertarianism and social responsibility (Gade, 2011; Merrill, 1974; Siebert, Peterson & Schramm, 1956). The ideals that the truth has the power to make itself evident to rational people and that

there is a social contract based on laws of reason provide the basis for free expression, private ownership and individual freedom (Gade, 2011). These ideals also form the rationale for a free press that is independent from government and other social institutions (Gade, 2011; Merrill, Gade & Blevens, 2001; Merrill, 1974; Siebert, Peterson & Schramm, 1956).

Values resulting from journalism's normative theories include public service, truth and objectivity. Public service speaks to the role news plays in the lives of the people (Kovach & Rosenstiel, 2007), with journalism's public service as a stand-in for the people often linked with the health of democracy (Beam, Brownlee, Weaver, & Di Cicco, 2009; Kovach & Rosenstiel, 2001; Overholser, 2004). The values of truth and objectivity purport that journalists should use scientific methods, the logic of science, to discover truth (Gade, 2011; Merrill, Gade & Blevens, 2001; Schudson & Tifft, 2005). It then is their duty to report this truth to the world (Gans, 1979).

Objectivity means applying the logic of science to journalism meant to be detached, to control one's biases, to let the facts speak for themselves, to be non-partisan, to rely on empiricism (what can be observed and measured), to seek multiple views, and to be fair and balanced in representation (Gade, 2011). While many journalists do not understand the value or meaning of objectivity in their profession (e.g., Gade, 2011; Greenhouse, 2012; Kovach & Rosenstiel, 2001; Schudson, 2013), they still cling to the value and their interpretation of it during times of uncertainty (Singer, 2011), and associate objectivity with their own professionalism (Gade, 2011; Schudson, 2003).

Using the value of objectivity as a measure of professionalism may create individual-level conflicts for journalists exposed to traumatic events in their work, exacerbating trauma for those journalists. When exposed to a traumatic event, journalists cannot suppress the emotional, human response (e.g., Simpson & Boggs, 1999; Strupp & Cosper, 2001). The adherence to detachment and objectivity creates a conflict of professional identify for those suffering from trauma on a personal level. Some journalists suffering emotional trauma fear acknowledging the suffering because they believe doing so makes them less professional and result in receiving lesser assignments or being fired (e.g., Breed, 1955; Sibbald, 2002; Simpson & Cote´, 2006).

Emotional trauma is treatable, if trauma survivors are provided with the tools they need to readjust (Ochberg, 1991). Awareness of the potential for emotional trauma in the newsroom and knowledge of its effects has become greater in the past decade (Beam & Spratt, 2009). As this awareness and knowledge grows, news organizations should adapt to help manage and/or alleviate this conflict. The next chapter begins to address the ways in which the newsroom culture contributes to the emotional conflict in journalists suffering from emotional trauma. It also explores how news organizations can assist in the avoidance and treatment of emotional trauma by creating a climate of open communication, education, support, and safety. This climate includes helping journalists avoid emotional trauma through informed supervisory staff, supervisor support, education, training, and psychological treatment to journalists suffering emotional trauma.

Chapter 5: Newsroom Organizational Climate, Summary of Journalism and Emotional Trauma Literature, and Research Questions and Hypotheses

Journalists can suffer psychological trauma as a result of being exposed, directly or indirectly, to traumatic events through their work (e.g., Feinstein, Owen & Blair, 2002; Freinkel, Koopman & Spiegel, 1994; Keats, 2010; Newman, Simpson & Handschuh, 2003; Pyevich, Newman & Daleiden, 2003; Simpson & Boggs, 1999; Simpson & Cote´, 2006). Some of the journalists exposed to trauma in their jobs have maladaptive trauma responses and are unable to function properly in their professional and personal lives (Valent, 1995). Emotional trauma is treatable, if trauma survivors are provided with the tools they need to readjust (Ochberg, 1991). However, journalism, unlike other occupations and professions where exposure to traumatic events are routine (e.g., emergency response, public safety and healthcare), typically isn't viewed as a profession prone to emotional suffering, and training to prepare for and cope with such responses rarely is provided (e.g., Abendroth & Flannery, 2006; Adams, Boscarino & Figley, 2006; Bride, 2007; Brown, Fielding & Grover, 1999; Del Ben, Scotti, Chen & Fortson, 2006; Feinstein, 2004; Johnson, 1999; Perron & Hiltz, 2006; Simpson & Cote´, 2006; Stephens & Long, 2000).

Some journalists suffering emotional trauma fear acknowledging the suffering because they believe doing so makes them less professional and may result in receiving lesser assignments or being fired (e.g., Breed, 1955; Sibbald, 2002; Simpson & Cote´, 2006). This fear may originate from the journalistic values of truth and objectivity, which purport that journalists should use scientific methods to discover truth (Gade, 2011; Merrill, Gade & Blevens, 2001; Schudson & Tifft, 2005), then report the truth to

the world (Gans, 1979). Applying the logic of science to journalism means to be detached, to control one's biases, to let the facts speak for themselves, to be non-partisan, to rely on empiricism (what can be observed and measured), to seek multiple views, and to be fair and balanced in representation (Gade, 2011). While many journalists do not understand the value or meaning of objectivity in their profession (e.g., Gade, 2011; Greenhouse, 2012; Kovach & Rosenstiel, 2001; Schudson, 2013), they associate it with their own professionalism (Gade, 2011; Schudson, 2003).

Using objectivity as a measure of professionalism may create individual-level conflicts for journalists exposed to traumatic events in their work, exacerbating trauma for those journalists. When exposed to a traumatic event, journalists cannot suppress the emotional, human response (e.g., Simpson & Boggs, 1999; Strupp & Cosper, 2001). The adherence to detachment and objectivity creates a conflict of professional identify for those suffering from trauma on a personal level. Alleviating this emotional conflict in journalists experiencing emotional trauma would require a change in the thinking about what makes journalists professionals and in the way newsrooms function as professional cultures (Simpson & Cote´, 2006). Organizational support is critical in helping journalists effectively cope with trauma exposure (Beam & Spratt, 2009; Keats & Buchanan, 2009). But this support typically isn't offered because the newsroom culture denies the possibility of trauma suffering from detached, objective and, therefore, professional journalists (Simpson & Cote´, 2006).

This chapter's purpose is to create a better understanding of the way the newsrooms function in relation to trauma and organizational support and the importance of organizational culture and organizational climate in avoiding and coping with

journalists' exposure to trauma. The chapter begins with an explanation of organizational culture and organizational climate, in general, followed by the newsroom organizational culture and its effect on trauma response. Next the chapter introduces the concept of organizational support, its relationship with supervisory support and how the two concepts impact how employees perceive their workplace and find satisfaction in their jobs. Then the chapter explains social support as a method of mediating and coping with emotional trauma, and the ways in which social support can be administered before and after trauma exposure. The chapter then explores how these types of support typically are (or are not) reflected in journalism newsrooms. Finally, the chapter summarizes the literature on journalism and emotional trauma, and introduces this study's research questions and hypotheses.

Organizational culture and organizational climate

An organization's informal structures can be a powerful influence on performance (Hollifield, 2011). Organizational culture is an example of such an informal structure. An organization's culture is a historically and socially constructed invisible sociological structure that includes shared knowledge, values and practices that guide behavior within a group (Hollifield, 2011; Schein, 1996). An organization's culture is a combination of macro (i.e., values and beliefs) and micro (i.e., roles, practices and procedures) variables that give meaning to organizational life (Gade & Perry, 2003). A culture helps an organization learn from and adapt to its problems (Schein, 1983). Organizational culture emerges from the influence of national and regional cultures surrounding an organization, the formal and informal structures established by the organization's founders and current leadership (Schein, 1983), an

organization's staff, and the business environment in which the organization operates (Hollifield, 2011).

An individual is able to understand an organization's culture from observing real behaviors occurring within an organization (Schein, 1996). The culture is the assumptions that underlie the values and determine behavior patterns and visible artifacts like architecture, office layout and dress code (Schein, 1983). An organization's culture reflects the complex interaction between the assumptions and theories of the founder and what the group learns from its own experiences (Schein, 1983). An organization's culture is embedded within the organization, without the employees' real awareness that they are operating under it, and employees are socialized into adopting the same cultural behaviors and problem solving (Schein, 1983; Schein, 1996). Founders and key leaders embed the culture into an organization through formal statements of organizational philosophy, design of physical spaces, role modeling and teaching, rewards systems, legends and myths, what leaders focus on, leader reactions to crises, organization design and structure, organizational systems and procedures, and criteria used from recruitment, hiring and advancement (Schein, 1983).

Because organizational culture is so prevalent and automatic in the way the organization operates, it is difficult to change (Schein, 1996). Some scholars think an organization's culture can be changed by focusing on the tangible (micro) variables that define daily life within the organization (Gade & Perry, 2003). Organizations display defensive routines that get in the way of new methods of learning or solving problems (Schein, 1996). Individual groups within organizations may learn new methods of operating, but these methods do not diffuse throughout the organization (Schein, 1996).

Organizational climate is employees' perceptions and descriptions of things that happen in an organization (Patterson, et al., 2005). It represents employees' understanding of policies, practices and procedures, and the interactions that follow them (Patterson, et al., 2005). Organizational climate is behavior oriented, asking employees to explain how things work within their organization (Patterson, et al., 2005), and may be thought of as surface manifestation of culture (Schein, 1985). Organizational climates may include climates for things like safety, communication and service (Patterson, et al., 2005). Climate perceptions affect outcomes at the individual, group and organizational levels, including leader behavior, turnover, job satisfaction, individual job performance, and organizational performance (e.g., Brown & Leigh, 1996; James & Jones, 1980; Patterson et al., 2004). Employees perform better, as reported by their supervisors, in organizational climates they perceive as structured and supportive of risks (Day & Bedeian, 1991).

Newsroom culture and trauma

Newsrooms, like other organizations, have unique cultures that include artifacts, or observable behaviors and physical structures; espoused values, or what newsroom insiders claim their non-negotiable principles and ideologies to be, and deep cultural assumptions that define the core of the occupation (Schein, 2003). As explained in the previous chapter, journalists have a professional culture consisting of specific values, norms and symbols. Journalistic professional values include public service (as watchdogs and collectors and disseminators of information), a commitment to truth, objectivity, independence to do their work without oversight or control from those in power, and fairness (Breed, 1955; Deuze, 2007; Kovach & Rosenstiel, 2007).

Journalists, through education and, for some, previous training, take those values into the newsroom. They are further socialized into the professional culture through undergraduate education, training, involvement in professional organizations, and observing established newsroom practices (Beam, 1993; Breed, 1955; Gans, 1979; Shoemaker & Reese, 2014; Tuchman, 1978).

Journalists' professional values guide their ways of thinking and behaving in relation to their profession, creating an attachment to their coworkers, readers and journalistic tasks and values (Callaway-Russo, 1998). Journalists learn much of their professional craft by watching and listening to colleagues and supervisors within their industry and their individual organizations, and by practicing the craft (Beam, 1993; Breed, 1955; Shoemaker & Reese, 2014). Through this socialization, journalists learn about their publications' unspoken policies, how to function in the newsroom and the expectations of the job, so as to be rewarded, not punished (Breed, 1955). This newsroom culture and the climate in which journalists work reinforce ideas that professional journalists are detached and objective (Schudson, 2003). Journalists are socialized into thinking that having an emotional response to a traumatic event is negative (Simpson & Coté, 2006).

Newsrooms operate in a similar manner, and many of them are made up of the same type of people (Deuze, 2007). Newsrooms have historically been male dominated and news organizations traditionally employee few minorities (Beam & Di Cicco, 2010; Deuze, 2007; Sylvie, 2011). Because of this make-up, scholars argue that journalistic values coincide with masculine values, promoting occupational practices and customs best suited to men (Beam & Di Cicco, 2010). Women in the newsroom adapt to these

masculine values, which include downplaying their emotional lives and separating their professional and personal selves (Beam & Di Cicco, 2010). Downplaying reporters' emotions or suggesting there isn't a place for them in the newsroom prohibits journalists suffering emotional trauma from discussing or reporting their problems. The "iron-willed stereotypes" result in the perception that good journalists do not experience emotional stress (Fields, 1999, p. 16). These masculine values also may reinforce the belief that professional journalists do not respond to emotional trauma.

Altering the newsroom culture would require managers and journalists to rethink some of the fundamental principles of their profession (Gade, 2004). Changing an organization's culture would mean focusing on things like practices, policies and procedures that define daily life within the organization (Schneider, Brief & Guzzo, 1996). A cultural shift of such magnitude would need to start with senior newsroom management and would take years to become evident (Beam & Di Cicco, 2010; Schneider, Brief & Guzzo, 1996; Sylvie & Moon, 2007). Changing an organization's culture is not easy, and understanding the need for change likely would not be enough to convince managers and employees to adopt it (Gade, 2004; Gade & Perry, 2003). To change the newsroom organizational culture, managers would need to adopt the changes and make them apparent in routine operations throughout the organization (Schneider, Brief & Guzzo, 1996).

Organizational and supervisor support

An organization is a purposely designed and specialized entity defined by its tasks and its distinction from society's other institutions (Drucker, 1995). An organization's members work toward common goals, giving the organization an identity

(Shoemaker & Reese, 2014). Organizations are goal directed, often composed of interdependent parts that are bureaucratically structured, and they compete with other organizations for resources (Shoemaker & Reese, 2014). News agencies are organizations that compete with other media outlets for audience and advertising revenue (Shoemaker & Reese, 2014).

Within an organization, employees develop global beliefs regarding organizational support, or the extent to which the organization values their contributions and cares about their wellbeing (Eisenberger, Huntington, Hutchison, & Sowa, 1986). Organizations should value their employees because the employees bring important knowledge and skill to their work. Trained, educated professionals, who Drucker (2010) labeled knowledge workers, are mobile and sought after, remaining employed with a certain organization because they want to be, not because they have to or need to be (Drucker, 2006). Knowledge workers contribute uniquely to an organization because of the experience, information and understanding they possess (Drucker, 2006). These workers' knowledge gives the organization a competitive advantage.

Perhaps even more important than actual organizational support is employees' perception of its existence or not. Perceived organizational support is the employees' perceptions that the organization will provide aid, if necessary, to carry out their jobs effectively and to deal with stressful situations in relation to the organization (Eisenberger, Huntington, Hutchison, & Sowa, 1986). These perceptions of organizational support are influenced by various aspects of the organization's treatment of employees, including the fairness in the distribution of resources among employees (Greenberg, 1990), the formal rules and policies concerning decisions that affect

employees, and the quality of interpersonal treatment of employees (Eisenberger, Huntington, Hutchison, & Sowa, 1986).

In return for positive perceived organizational support, employees show commitment to the organization through the reciprocity norm, which means employees care about the organization's welfare and to help the organization reach its objectives (Rhoades & Eisenberger, 2002). The reciprocity norm obliges the return of favorable treatment when one person treats another well (Gouldner, 1960). When an employee and an employer apply the reciprocity norm to their relationship, favorable treatment received by either party is reciprocated, leading to beneficial outcomes for both (Rhoades & Eisenberger, 2002). Organizational commitment manifests itself in a variety of ways, including making employees more likely to work hard for the organization and display positive behavior in the workplace, and unlikely to be absent from the job or to change jobs (e.g., Eisenberger, Huntington, Hutchison, & Sowa, 1986; Kottke & Sharafinski, 1988; Rhoades & Eisenberger, 2002).

Supervisors are key to perceptions of organizational support because employees tend to view managers' actions as actions of the organization itself (Levinson, 1965). The supervisor is a tangible, human representation of the organization's goals and policies. As representatives of the organization, the organization has legal, moral and financial responsibilities for the actions of its supervisors (Levinson, 1965). These supervisors behave in ways that reflect organizational precedents, traditions, policies, and norms (Levinson, 1965). The organization, through its supervisors, exerts power over employees (Levinson, 1965). Employees, then, look to their supervisors to assess the organization's perceptions of their value.

Supervisor support is general views employees develop about the degree to which supervisors value their contributions and care about their well-being (Kottke & Sarafinski, 1988). Employees view supervisors' favorable or unfavorable treatment as an indication that the organization favors or disfavors them (Levinson, 1965; Rhoades & Eisenberger, 2002). Employees rely on supervisors more than coworkers or the organization for information about their work and feedback on their job functioning (Greller & Herold, 1975). Just like with organizational support, the perception of supervisor support may be more important than its actual existence. Perceived supervisor support leads employees to believe the organization also supports them, which results in employee retention (Shanock & Eisenberger, 2006).

Social support and trauma

Organizational and supervisory support are forms of interlocking social support that occur within the workplace. Social support, or social interactions that provide assistance when needed, is a key factor in avoiding and/or coping with traumatic stress, including being associated with an increased sense of well being and less reported depression and physical symptoms (e.g., Cohen & Wills, 1985; Flannery, 1990; Kaniasty, 2005; Stamm, 1999; Williams & Poijula, 2002). There are work and non-work sources of support, such as supervisors, coworkers and family. Social support is important for those suffering from trauma, having been found to prevent adverse long-term psychological and physical health disorders in various types of victims (e.g., Barrett & Mizes, 1988; Boscarino, 1995; Cook & Bickman, 1990; Green & Berlin, 1987; Keane, Scott, Chavoya, Lamparski, & Fairbank, 1985; Solomon & Mikulincer, 1990; Solomon, Mikulincer & Waysman, 1991). Seeking social support in times of

80

distress is a common coping strategy (e.g., Boscarino, 1995; Murphy, 1988; Sarason, Sarason, Potter, & Antoni, 1985). Just like with organizational and supervisor support, the perception of social support has been found to be as important – if not more important – than its actual existence (e.g., Eriksson, Vande Kemp, Gorsuch, Hoke, & Foy, 2001; Fleming, Baum, Gisriel & Gatchel, 1982; Kaniasty, 2005; Liem & Liem, 1978; Smith, et al., 2011).

There are four types of social support— emotional, informational, social companionship, and instrumental—that appear to mitigate the impact of life stress and its potential negative health consequences, and that should be available in varying levels within the workplace (Cohen & Wills, 1985; Flannery, 1990). These types of support provide a framework for how an organization can, and many scholars argue should, create employee support programs (e.g., Catherall, 1999; Figley, 1995; Maslach, 2003; Thoits, 1986)

First, *emotional support*, sharing feelings with others who listen sympathetically, appears helpful in maintaining good health and healing from emotional trauma (Bootzin, 1997; Flannery, 1990; Pennebaker, 1997; Thoits, 1986). Emotional support should be available on a professional level from colleagues and supervisors. Talking about trauma at work, communication with peers about disturbing events and positive communications with peers about work are important in buffering and coping with trauma exposure, as professional peer support is a primary source of social support (Bootzin, 1997; Catherall, 1999; Fenlason & Beehr, 1994; Stephens & Long, 2000). Being able to talk to a supervisor about trauma is related directly to the number of Post-traumatic Stress Disorder symptoms employees exposed to trauma exhibit (Stephens &

Long, 2000). Professional peers have the ability to dilute traumatic stress, normalize disturbing reactions and help individuals remain professionally grounded (Catherall, 1999).

Professional peers also have the ability to make trauma worse by not providing needed support or ignoring the problem's existence (Catherall, 1999). Intense emotional states can influence group dynamics and polarize peers (Catherall, 1999). Seeing a coworker suffer from a traumatic stress response serves as a reminder that one's profession, and, therefore, oneself is vulnerable to trauma (Catherall, 1999). This recognition may result in what's called a distancing reaction, where the traumatized individual is thought not to function well because something is wrong with him or her, not because something happened to him or her (Catherall, 1999). This causes coworkers to distance themselves from the trauma sufferer (Catherall, 1999). This comorbid emotional injury often follows unexpected helplessness, shock and disbelief, feeling frightened, clinging behavior, depression, and rage (Symonds, 2010).

Second, *informational support* is when other people provide facts, definitions or ways of understanding which help resolve life stress (Cohen & Wills, 1985; Flannery, 1990; Thoits, 1986; Wallston, Alagna, DeVellis, & DeVellis, 1983). Informational support is important before and after trauma exposure. Supervisors have a professional and ethical duty to inform those in trauma-prone professions about the potential hazards of their jobs and train them for how to cope with those hazards (Figley, 1995; Munroe, 1999; Sommer, 2008). This duty to train begins in the academy and continues when individuals enter the field (Munroe, 1999). Those with an understanding of the impact of doing trauma work are better prepared to care for themselves emotionally

(Rosenbloom, Pratt & Pearlman, 1999). Effective training programs help workers recognize "the inevitability of being affected by the work," instead of making them feel weak if they are affected (Rosenbloom, Pratt & Pearlman, 1999, p. 66). Regular training also may perform a mediating function for those in trauma professions (Bisson & Cohen, 2006; Chrestman, 1999).

Despite the potential to lessen negative emotional affect, the potential for emotional stress is omitted from many professional training programs, perhaps because it is too negative, not viewed as critical to performance or would discourage workers from taking the job (Maslach, 2003). Failure to inform employees of the potential for emotional trauma is a deliberate misrepresentation of the job, which makes employees less prepared to recognize emotional trauma early or to seek help (Maslach, 2003). Specific information about work-related dangers, negative emotional affect, its causes, consequences and effective coping strategies should be part of training curriculum (Maslach, 2003; Munroe, 1999). Employees also should be trained on how to recognize negative emotional affect in each other and what to do when symptoms appear (Sommer, 2008). Failing to properly train those who work in trauma-prone professions further contributes to the problem by preventing workers from getting needed support and silencing other potential trauma sufferers (Munroe, 1999).

Third, *social companionship* is the presence of others to reduce a person's sense of aloneness, helplessness and vulnerability, and provide meaning to life events (Thoits, 1986). Others may help to reinterpret the situation so it seems less threatening or tell distracting jokes or stories to divert attention from stress-producing situations (Thoits, 1986). Effective forms of social companionship are most likely to come from socially

similar others, like those in the same profession, who have faced the same stressors and handled them, therefore becoming a basis for comparison and a model for adaptation (Thoits, 1986). Social companionship is important to trauma victims because trauma causes a breakdown in victims' social relationships and causes them to withdrawal (Catherall, 1989).

Professional peers can be supportive by providing resources, listening carefully and non-judgmentally, helping correct distortions in assessment or behavior, reframing the trauma, and being empathically attuned (Catherall, 1999). An environment that is most conducive to the recovery of a traumatized professional is one that accepts the stressors as real and legitimate; that views the problem as belonging to the entire group, not just the individual; that attempts to solve the problem, not place blame; that has a high level of tolerance for individual disturbance; that provides clear, direct, abundant support in the form of praise, commitment and affection; that maintains open and effective communications channels without sanctions; that has a high degree of cohesion; where there is flexibility in roles; where resources are utilized efficiently; where there is no subculture of violence like emotional outbursts, and where there is no substance abuse (Catherall, 1999).

Fourth, *instrumental support* means helping an individual solve a problem by providing a tangible good like money or shelter (Flannery, 1990; Thoits, 1986; Wallston, Alagna, DeVellis, & DeVellis, 1983). A job already provides instrumental support through payment for work completed. However, further instrumental support could include services offered through employee assistance programs like making free counseling services available after traumatic events or providing mental health service

access through health insurance. The types of employee assistance programs offered vary by company.

In summary, the social support employees receive from their organizations has a direct impact on their emotional affect in relation to trauma exposure (e.g., Cohen & Wills, 1985; Flannery, 1990; Kaniasty, 2005; Stamm, 1999; Williams & Poijula, 2002). Employees who receive social support, like an understanding that trauma exposure is a job hazard, training for how to cope with trauma exposure and openness in discussing trauma in the workplace, are less likely to experience emotional trauma than those who do not have that support (Figley, 1995; Munroe, 1999; Sommer, 2008). Employees who receive this support in addition to being able to talk openly about the impact of trauma exposure and having professional metal health resources available are more equipped to cope with negative emotional affect (e.g., Figley, 1995; Munroe, 1999; Sommer, 2008; Stephens & Long, 2000). Despite evidence that these types of social support mediate emotional trauma, they rarely are available in journalism organizations.

Support in journalism

Journalists can suffer psychological trauma as a result of being exposed, directly or indirectly, to traumatic events through their work (e.g., Feinstein, Owen & Blair, 2002; Freinkel, Koopman & Spiegel, 1994; Keats, 2010; Newman, Simpson & Handschuh, 2003; Pyevich, Newman & Daleiden, 2003; Simpson & Boggs, 1999; Simpson & Coté, 2006). Organizational support is critical in helping journalists effectively cope with trauma or avoid it altogether (Beam & Spratt, 2009; Keats & Buchanan, 2009). But that support typically isn't offered, in part because journalism isn't recognized as a profession prone to emotional trauma (Simpson & Coté, 2006).

While journalists may experience social support on varying levels, education and training about the possibility of work-related trauma exposure still is unusual. Journalists, like those in other trauma-prone professions, should receive organizational support in the form of the four types of social support addressed in this chapter—emotional, informational, social companionship, and instrumental (Cohen & Wills, 1985; Flannery, 1990).

Emotional support. Emotional support from supervisors and colleagues is key factor in avoiding and/or coping with traumatic stress (e.g., Cohen & Wills, 1985; Flannery, 1990; Kaniasty, 2005; Stamm, 1999; Williams & Poijula, 2002). In the journalism newsroom, this means a willingness by editors and reporters to openly discuss trauma (Beam & Spratt, 2009). "If journalists believe that they jeopardize their careers by admitting that their work is taking an emotional toll, they may be less likely to deal with their problems effectively" (Beam & Spratt, 2009, p. 433). Supervisor support helps journalists handle exposure to traumatic events (Beam & Spratt, 2009; Keats & Buchanan, 2008). This support, if present, is effective because editors and reporters are socially similar to each other, since most news managers began their careers as reporters and were promoted into management positions (Thoits, 1986). Ricchiardi & Gerczynski (1999) wrote that journalists believe outsiders can't understand the rigors of being witness on behalf of society. This belief makes journalists more likely to talk about trauma with other journalists. Journalists in certain beats also are known to develop close working relationships with those from competing news agencies who report on the same areas (Tuchman, 1978). These colleagues may be described as a socially similar. Keats and Buchanan (2009) found that journalists

they interviewed mourned the closure of their press club, which they saw as an informal opportunity for debriefing, support and connection, and a place where they inadvertently discussed traumatic assignments with their peers.

An inability to discuss trauma with supervisors and peers may make trauma worse, and seeing a coworker suffering from emotional trauma may cause others to distances themselves (Catherall, 1999). Journalists are a tight-knit group, but they are unlikely to talk to each other about emotional trauma because of their bias toward glorifying journalists themselves, perhaps because of their public service mission (Schudson, 2003). "Journalists at work operate not only to maintain their social relations with sources and colleagues, but to glorify their cultural image as journalists in the eyes of a wider world" (Schudson, 2003, p. 60). In other words, journalists think they understand what it means to be a good journalist and do their jobs well, believing their professional values give credibility and legitimacy to what they do (Deuze, 2007). They identify themselves more easily with their profession and its purposes than with the media organization that employs them (Callaway-Russo, 1998; Deuze, 2007). Reporters in certain beats may see reporters from competing organizations more frequently than those from their own newsrooms and they develop work and social relationships with these competitors (Tuchman, 1978). Journalists write as much for their colleagues as they do other people (Schudson, 2003). Journalists have an attachment to their coworkers, readers and with the values and tasks of a journalist (Callaway-Russo, 1998). This may explain why journalists wouldn't want to reveal emotional trauma and potentially tarnish the profession's tough reputation.

Informational support. Editors and other supervisors have an ethical duty to inform journalists about the potential hazards of their jobs and train them for how to cope with those hazards (Beam & Spratt, 2009; Figley, 1995; Munroe, 1999; Sommer, 2008). This duty to train begins in the academy and continues in the field (Munroe, 1999). Despite an increased understanding of the potential for trauma exposure and emotional trauma in journalism, some editors still send journalists into violent situations without training, adequate backup or later attention to the journalists' emotional needs (Simpson & Cote´, 2006). Also, young journalists, including those on college campuses, often are exposed to traumatic events as a way to get experience in the industry (Simpson & Cote´, 2006). However, few journalists receive trauma training at either the collegiate or professional levels, despite reports that they want and need it (e.g., Beam & Spratt, 2009; Dworznik & Grubb, 2007; Maxson, 2000).

Social companionship. Journalists suffering from emotional trauma are likely to withdrawal from social relationships (Catherall, 1989). Fellow journalists are important in providing social companionship to those suffering from emotional trauma. This type of support may come from just listening to journalists suffering from trauma and attempting to include/engage them in social activities. An important aspect of social companionship is that journalists must be able to identify the varying symptoms of emotional trauma in their colleagues in order to provide the needed support (Beaton & Murphy, 1995). Journalists also must be informed enough about trauma not to withdrawal from those suffering emotional trauma for fear that it also could happen to them (Catherall, 1999).

Instrumental support. While emotional support and social companionship can occur within the newsroom, the organization is more responsible—as an outlet for the employee's work, talent, knowledge, and creativity—for providing journalists with the instrumental support they need. Organizations support employees who might be struggling emotionally by offering programs that help them cope (Beam & Spratt, 2009). Instrumental support through the news organization could include counseling services made available or mandatory debriefings following traumatic events, creating peer counseling programs, providing mental health services through employee insurance plans, providing referrals to those identified as potentially suffering from emotional trauma, and regular professional development and training opportunities in relation to trauma exposure, coping and self-care (e.g., Beaton & Murphy, 1995; Duckworth, 1991).

Not only does social support affect journalists' mental health, perceived organizational and supervisor support also affect journalists' job satisfaction and morale, which are tied directly with the likelihood of journalists leaving an organization (Beam & Spratt, 2009). "Good managers will want to hang on to productive employees because hiring, socializing and training new workers is costly" (Beam & Spratt, 2009, p. 433). Beam and Spratt (2009) found that journalists' perceptions about management attitudes on trauma-related matters were associated with job satisfaction, perceptions about workplace morale and career commitment. Journalists who felt most prepared to deal with emotional trauma reported being more satisfied with their jobs than those without this informational support (Beam & Spratt, 2009). Journalists who thought their supervisors would be supportive if they were experiencing emotional trauma and those

who thought their supervisors cared about their physical safety also reported more job satisfaction than those without this support (Beam & Spratt, 2009). Journalists who thought signs of emotional distress would harm their ability to advance in their jobs reported less job satisfaction than their more supported peers (Beam & Spratt, 2009). Overall, morale was higher if supervisors were thought to be empathetic on trauma-related issues (Beam & Spratt, 2009). Journalists who were planning to leave their jobs reported that management was not supportive of journalists who experienced emotional trauma and did not care about employees' safety (Beam & Spratt, 2009).

Conclusion

Journalists can suffer psychological trauma as a result of being exposed, directly or indirectly, to traumatic events through their work (e.g., Feinstein, Owen & Blair, 2002; Freinkel, Koopman & Spiegel, 1994; Keats, 2010; Newman, Simpson & Handschuh, 2003; Pyevich, Newman & Daleiden, 2003; Simpson & Boggs, 1999; Simpson & Cote´, 2006). Emotional trauma is treatable and may even be avoidable if trauma survivors are provided with the tools they need to adjust (Ochberg, 1991). But the ideas of professionalism journalists bring into the newsroom, specifically the idea that journalists must be objective to be professional (Gade, 2011; Schudson, 2003), may result in journalists denying they are experiencing trauma and ignoring its symptoms (e.g., Breed, 1955; Sibbald, 2002; Simpson & Cote´, 2006). Combining similar values in the newsroom creates a professional culture that reinforced ideas that professional journalists are detached and objective (Schudson, 2003). This culture results in journalists being further socialized into thinking that having an emotional response to a traumatic event is negative (Simpson & Cote´, 2006) and encourages journalists to

downplay their emotional lives and separating their professional and personal selves (Beam & Di Cicco, 2010).

Alleviating this emotional conflict in journalists experiencing emotional trauma would require a change in the thinking about what makes journalists professionals and in the way newsrooms function as professional cultures (Simpson & Cote´, 2006). Altering the newsroom's culture requires managers and journalists to rethink some of the fundamental principles of their profession (Gade, 2004). A cultural shift of such magnitude has to start with senior newsroom management and will take years to become evident (Beam & Di Cicco, 2010; Schneider, Brief & Guzzo, 1996; Sylvie & Moon, 2007). Changing an organization's culture is not easy, and understanding the need for change is not necessarily enough to convince managers and employees to adopt it (Gade, 2004; Gade & Perry, 2003). To change the newsroom organization's culture, managers and editors must adopt the changes and make them apparent in routine daily operations throughout the organization (Schneider, Brief & Guzzo, 1996).

Organizational support is critical in helping journalists effectively cope with trauma exposure (Beam & Spratt, 2009; Keats & Buchanan, 2009). But this support typically isn't offered because the newsroom culture denies the possibility of trauma suffering from detached, objective and, therefore, professional journalists (Simpson & Cote´, 2006). Four types of social support—emotional, informational, social companionship, and instrumental—appear to mitigate the impact of life stress and its potential negative health consequences, and should be available within the workplace (Cohen & Wills, 1985; Flannery, 1990). These types of support provide a framework

91

for how an organization can, and many scholars argue should, create employee support programs (e.g., Catherall, 1999; Figley, 1995; Maslach, 2003; Thoits, 1986).

Providing this type of social support in the newsroom would mean providing journalists with support like an understanding that trauma exposure is a job hazard, training for how to cope with trauma exposure, an openness in discussing trauma in the workplace, and professional assistance in coping with trauma exposure (Cohen & Wills, 1985; Flannery, 1990). This type of support would result in journalists being less likely to experience emotional trauma, having the tools to cope with emotional trauma if they did experience it and having higher levels of job satisfaction and morale, making them less likely to leave the organization or the profession Beam & Spratt, 2009).

Defining the problem: Connecting the literature

The study's initial purpose was to extend the understanding of journalism and trauma by gathering information from a national sample of professional journalists about the types of trauma they have experienced and the symptoms they suffered. The study then measured how journalists' professionalism may play a role in their willingness to admit to suffering emotional trauma or to seek help for it, and how professionalism may affect journalist's views of work-related trauma, in general. Finally, the study tested the role of the newsroom organizational climate in preparing journalists for trauma exposure and providing them with support afterward. The study of this problem is informed by literature in four primary areas—traumatology in journalism and in general, professionalism, and organizational behavior. Each of these areas was outlined in this literature review and placed in the context of the study.

92

Chapter 1 serves as an introduction to journalism and trauma, identifying the purpose of the study and the key concepts involved. Chapter 2 establishes journalism as a trauma-prone profession, saying that journalism is a profession which requires exposure to traumatic events—events which result in death, threatened death, serious injuries, or sexual violence, including things like natural disasters, murders, assaults, fires, and natural deaths (American Psychiatric Association, 2013). About half of the United States population is exposed to trauma during their lifetime, but more than 80% of journalists are exposed through their work (Friedman, 2000). Because of the nature of news values, including human interest, conflict, timeliness, and proximity (e.g., Breed, 1955; Gans, 1979; Shoemaker & Reese, 1996; Tuchman, 1978), journalists often are among those first to respond at the scene of large- and small-scale traumatic events (Osofsky, Holloway & Pickett, 2005; Simpson & Cote´, 2006).

Most individuals exposed to traumatic happenings experience what is considered a normal range of stress responses, including sadness, anger, fear, denial, and intrusion, but then work through their responses, returning to a level of functioning similar to before the traumatic experience (Horowitz, 1983; Valent, 1995). But some individuals have a maladaptive trauma response, meaning they are unable to return to their regular level of functioning after trauma exposure (Valent, 1995). Of the overall population exposed to trauma, a minority—only about 8%, suffer emotionally in a way that impedes their ability to function in social or occupational environments (Feinstein, 2004; Friedman, 2000). In one study (Feinstein et al., 2002), the range of journalists reporting severe emotional responses to covering trauma is 5.9% to 28.6%.

Chapter 3 provides a basic understanding of emotional trauma, its levels and symptoms. It then explains factors that make some journalists more prone to suffering emotional trauma than others. To be diagnosed with a trauma-related emotional disorder, a journalist has to have been exposed to an emotional trauma, then experience various levels of symptoms in the four diagnostic categories of re-experiencing, avoidance, negative cognitions and mood, and arousal (APA, 2013). Post-traumatic stress disorder, the highest level trauma-related diagnoses, requires that the journalist experience symptoms for more than a month (APA, 2013). Journalists experiencing symptoms for longer than a month would first be diagnosed with Acute Stress Disorder, a lower level of trauma-related diagnosis, with the PTSD diagnosis becoming a possibility if the journalist still is experiencing a full range of symptoms after three months (APA, 2013). Journalists who experience a maladaptive trauma response without a full range of symptoms may be diagnosed with an adjustment disorder or Acute Stress Disorder, depending on the severity and longevity of the symptoms (APA, 2013). Journalists experiencing emotional trauma are likely also to suffer from another physical or emotional problem like depression, anxiety, anger, fear, hypervigilence, headaches, chronic fatigue, or an inability to sleep (APA, 2013; Koenen, et al., 2008). Journalists suffering emotional trauma likely would attempt to cope with their negative emotions, which may result in increased alcohol or substance use or abuse and/or a breakdown in their personal and professional relationships (e.g., Breslau, 2013; Breslau, et al., 1997; Breslau, Davis & Schultz, 2003; Jacobsen, Southwick & Kosten, 2001).

Some journalists are more likely than their colleagues to experience emotional trauma. Journalists with a history of emotional trauma, previous personal trauma

exposure, unstable family histories, issues with other mental disorders, those under the age of 25, and females are more likely to suffer emotional trauma (APA, 2013). Journalists exposed to multiple or large-scale traumatic events and those exposed with close physical proximity to a traumatic event also are more like to suffer emotional trauma (APA, 2013). Also, some journalists just have better coping strategies and stronger support networks, making them less like than their peers to experience emotional trauma. Regardless, emotional trauma is treatable, if trauma survivors are provided with the tools they need to readjust (Ochberg, 1991). But, to be treated, the possibility of emotional trauma and its impact must first be recognized by individual journalists and within the newsroom organization.

Chapter 4 begins to examine why journalism rarely is recognized as a trauma-prone profession, even by those working in the field or managing newsrooms (e.g., Feinstein, 2004; Osofsky, Holloway & Pickett, 2005; Ricchiardi & Gerczynski, 1999; Simpson & Boggs, 1999; Simpson & Cote´, 2006). The chapter reviews journalism professionalism and the values that inform those beliefs, and begins to question how journalists' ideas of professionalism may create an internal conflict when journalists suffer from emotional trauma.

Journalists consider themselves professionals and have shared ideas about what it means to be a professional journalist (Breed, 1955; Deuze, 2007; Shoemaker & Reese, 1996). The professional values that define journalism are based on the Enlightenment ideas of human rationality, free expression, the relationship between government and citizens, and freedom and social responsibility (Lowrey & Gade, 2011; Merrill, 1989; Siebert et al., 1956). Journalism professional values include a

commitment to truth, public service (as watchdogs and collectors and disseminators of information), objectivity, independence to do their work without control from those in power, and fairness (Breed, 1955; Deuze, 2007; Kovach & Rosenstiel, 2007).

The values of truth and objectivity purport that journalists should use scientific methods, the logic of science, to discover truth (Gade, 2011; Merrill, Gade & Blevens, 2001; Schudson & Tifft, 2005). It then is their duty to report this truth to the world (Gans, 1979). Objectivity means applying the logic of science to journalism to be detached, to control one's biases, to let the facts speak for themselves, to be non-partisan, to rely on empiricism (what can be observed and measured), and to seek multiple views (Gade, 2011). While many journalists do not understand the value or meaning of objectivity in their profession (e.g., Gade, 2011; Greenhouse, 2012; Kovach & Rosenstiel, 2001; Schudson, 2013), they still cling to the value and their interpretation of it during times of uncertainty (Singer, 2011), and associate objectivity with their own professionalism (Gade, 2011; Schudson, 2003).

Using the value of objectivity as a measure of professionalism may create individual-level conflicts for journalists exposed to traumatic events in their work, exacerbating trauma for those journalists. When exposed to a traumatic event, journalists cannot suppress the emotional, human response (e.g., Simpson & Boggs, 1999; Strupp & Cosper, 2001). The adherence to detachment and objectivity creates a conflict of professional identify for those suffering from trauma on a personal level. Some journalists suffering emotional trauma fear acknowledging the suffering because they believe doing so makes them less professional and result in receiving lesser assignments or being fired (e.g., Breed, 1955; Sibbald, 2002; Simpson & Cote´, 2006).

96

Journalism also is a competitive profession, making reporters "significantly reluctant to acknowledge any vulnerability" (Sibbald, 2002, p. 1704).

Chapter 5 explores how the conflict between journalists' professionalism and traumatic emotions may be further exacerbated by the organizations in which they work. The professionalism journalists bring into the newsroom, specifically the idea that journalists must be objective to be professional (Gade, 2011; Schudson, 2003), may result in journalists denying they experience trauma and ignoring its symptoms (e.g., Breed, 1955; Sibbald, 2002; Simpson & Cote´, 2006). Combining similar values in the newsroom reinforces ideas that professional journalists are detached and objective (Schudson, 2003). This culture results in journalists being further socialized into thinking that having an emotional response to a traumatic event is negative (Simpson & Cote´, 2006) and encourages journalists to downplay their emotions, separating their professional and personal selves (Beam & Di Cicco, 2010).

Because of the assumption that they can remain objective, journalists seldom are taught how to react to violence or given support mechanisms to cope with exposure to traumatic events, making the likelihood of effects greater (Feinstein, 2004; Johnson, 1999; Marais & Stuart, 2005). Journalists do not receive the organizational support they need that is critical in helping them effectively cope with trauma or manage exposure to traumatic events (Beam & Spratt, 2009; Keats & Buchanan, 2009). Four types of social support— emotional, informational, social companionship, and instrumental—appear to mitigate the impact of life stress and its potential negative health consequences, and should be available in varying levels within the workplace (Cohen & Wills, 1985; Flannery, 1990). These types of support provide a framework for how an organization

97

can, and many scholars argue should, create employee support programs (e.g., Catherall, 1999; Figley, 1995; Maslach, 2003; Thoits, 1986).

Providing this type of social support in the newsroom would mean providing journalists with support like an understanding that trauma exposure is a job hazard, training for how to cope with trauma exposure, an openness in discussing trauma in the workplace, and professional assistance in coping with trauma exposure (Cohen & Wills, 1985; Flannery, 1990). This type of support would result in journalists being less likely to experience emotional trauma, having the tools to cope with emotional trauma if they did experience it and having higher levels of job satisfaction and morale, making them less likely to leave the organization or the profession Beam & Spratt, 2009).

But alleviating this emotional conflict in journalists experiencing emotional trauma would require a change in the thinking about what makes journalists professionals and in the way newsrooms function as professional cultures (Simpson & Cote´, 2006). Altering the newsroom's culture requires managers and journalists to rethink some of the fundamental principles of their profession (Gade, 2004). A cultural shift of such magnitude has to start with senior newsroom management and will take years to become evident (Beam & Di Cicco, 2010; Schneider, Brief & Guzzo, 1996; Sylvie & Moon, 2007). Changing an organization's culture is not easy, and understanding the need for change is not necessarily enough to convince managers and employees to adopt it (Gade, 2004; Gade & Perry, 2003). To change the newsroom organization's culture, managers and editors must adopt the changes and make them apparent in routine daily operations throughout the organization (Schneider, Brief & Guzzo, 1996).

Research Questions and Hypotheses

The study's initial purpose was to extend the understanding of journalism and trauma by gathering information from a national sample of professional journalists about the types of trauma they have experienced and the symptoms they suffered. The study then measured how journalists' professionalism may play a role in their willingness to admit to suffering emotional trauma or to seek help for it, and how professionalism may affect journalist's views of work-related trauma, in general. Finally, the study tested the role of the newsroom organizational climate in preparing journalists for trauma exposure and providing them with support afterward.

This research is valuable because it appears the cultural expectation in most newsrooms is that journalists have fleeting (if any) responses to witnessing traumatic events, making trauma in the newsroom viewed as a non-issue, if it's considered at all. Therefore, the need for training and support generally is not recognized or provided. Further, the journalists themselves may see it counter to their professional identity to experience negative emotional affect, resulting in their refusal to acknowledge trauma-induced symptoms or seek help for them, even when such services are provided. Newsroom managers' ignorance to the potential impact of covering traumatic events, coupled with journalists' unwillingness to acknowledge emotional responses and a newsroom culture that supports denial and further socializes reporters in this manner may result in a mentally and physically unhealthy occupation.

To study these concepts, research questions and hypotheses were posed in three areas—trauma exposure and symptoms, professionalism and organizational climate. Trauma exposure and symptoms consisted of three research questions and six

99

hypotheses. Journalists' trauma exposure at work and the symptoms resulting from that exposure was questioned. The initial hypotheses (**H1**-**H4**) addressed various aspects of the trauma exposure itself that may result in a greater likelihood of symptoms. The next set of hypotheses (**H5**-**H7**) addressed traits of the journalist exposed to the trauma that might increase the likelihood of symptoms. Professionalism consisted of one research question and five hypotheses. The research question inquired about professionalism in journalists exposed to trauma at work and those who were not. The hypotheses then addressed how stronger or greater professional values would impact journalists' views of trauma exposure and response in their profession. Organizational climate consisted of three research questions and two hypotheses. The research questions asked about the relationship between the organizational climate in the newsroom and trauma symptoms, journalists' views on trauma, and their personal help seeking practices. The hypotheses addressed issues of training for trauma exposure and response.

Trauma exposure and symptoms

RQ1: What percentage of journalists report trauma exposure in their work?

RQ2: What trauma-related symptoms do those journalists exposed to trauma at work report and what is the intensity of those symptoms?

RQ3: Is there a difference between intensity of trauma symptoms for those exposed to trauma at work and those who have not experienced work-related trauma exposure?

H1: Journalists exposed directly to a traumatic happening are more likely to report trauma symptoms than those exposed indirectly.

H2: The more frequently journalists are exposed to traumatic events as part of their work, the more likely they are to experience trauma symptoms.

H3: Journalists exposed to large-scale traumatic events are more likely experience trauma symptoms.

H4: Journalists exposed to a single traumatic event that lasts for more than one day at a time are more likely to experience trauma symptoms.

H5: Female journalists are more likely than their male counterparts to experience trauma symptoms.

H6: Journalists who have experienced personal trauma are more likely than those without to experience trauma symptoms.

H7: The longer an individual works as a journalist, the more likely he or she is to experience trauma symptoms.

Professionalism

RQ4: Is there a difference in thinking about professionalism between journalists exposed to work-related trauma and those who have not experienced work-related trauma exposure?

H8: The greater journalists' professionalism, the less likely they are to perceive that journalists experience emotional trauma as a result of their work.

H9: The greater journalists' professionalism, the more likely they are to believe that journalists who admit to suffering emotional trauma will receive less challenging assignments.

H10: The greater journalists' professionalism, the less likely they are to admit to suffering emotional trauma.

H11: The greater journalists' professionalism, more likely they are to think it's ok for journalists to seek professional help for suffering emotional trauma as a result of their jobs.

H12: The greater journalists' professionalism, the less likely they are to have sought help for emotional trauma.

Organizational climate

RQ5: Is there a relationship between the organizational climate in which journalists work and the likelihood that they will experience emotional trauma symptoms?

RQ6: Is there a relationship between the organizational climate in which journalists work and whether they think it's acceptable to seek help for emotional trauma as a result of their jobs?

RQ7: Is there a relationship between the organizational climate in which journalists work and the likelihood that they will have sought treatment for emotional trauma?

H13: Journalists who are trained on how to cope with trauma exposure are less likely to experience emotional trauma symptoms.

H14: Journalists trained on what to do if they experience emotional trauma symptoms are more likely to have sought help for emotional trauma than those who are not.

Chapter 6: Methodology

This study examines the impact of trauma exposure on journalists. The study specifically examines the conflict between journalism professionalism and the negative emotional affect some journalists experience as a result of reporting about traumatic events. The study also seeks to better understand the role the newsroom culture plays in alleviating or exacerbating journalists' internal conflict when they're suffering from trauma. The study was conducted via a web-based, self-administered survey, which was circulated to professional journalists working in all aspects of media—newspaper, magazine, radio, television, and online. A large, national sample in diverse areas of journalism was sought because this study seeks to understand the scope and extent of trauma exposure in journalism work. The survey asked respondents about their experiences with covering traumatic events as part of their jobs, their responses to covering those events, their ideas of journalistic professionalism, and about their newsroom climates in relation to trauma coverage and support. The survey was administered in August 2015. A sample of seven journalists pretested the survey.

Research instrument

A web-based survey (*Appendix A*) was used for this study to help elicit a large amount of data from a national sample. The research information distributed to potential respondents consisted of an IRB-approved recruitment text with a URL link to a Qualtrics survey. Those who chose to participate followed the URL to a secure site where they could complete the survey. After clicking the URL, but before completing the survey, respondents were asked to read the IRB-approved informed consent

information. Those participants agreeing to the informed consent did so by selecting "yes" and beginning the survey.

Surveys are useful when large amounts of data need to be collected and analyzed from a sample that is not geographically bound (Wimmer & Dominick, 2011). While surveys have many benefits for this type of research, online surveys are both positive and negative. Internet-based surveys are an effective method of reaching professionals, specifically those working in the media industry and frequently using online tools (Dillman, Smyth & Christian, 2010). Internet surveys also are low in cost (Dillman, Smyth & Christian, 2010). In short, Internet-based surveys are convenient for the researcher and the research participants, allowing for a large reach and easy access, which are positive aspects of this method.

The primary negative aspect of web-based surveys as a research instrument is that response rates for online surveys tend to be low. Response rates for traditional mail surveys can average about 40%, while that for online surveys ranges from 1% to 30% (Wimmer & Dominick, 2011). Responses to online surveys can be increased by sending the survey from a known education-based sponsor, having a topic with high salience, asking simple questions, stressing the social importance of the study, and sending follow-up correspondence (Dillman, Smyth & Christian, 2010; Fan & Yan, 2010). This survey used all of these methods to increase responses, as well as a large sample size.

Sample

It was important for this study to sample a population of professional journalists large enough to be able to generalize the results to the population. For the purposes of this study, a "professional journalist" was defined as any individual working full-time

as an editor, reporter, columnist, photographer, or videographer for a newspaper, magazine, broadcast, and/or electronic media outlet. To survey professional journalists, the sample consisted of anyone who worked full-time in one of the previously mentioned roles, as well as members of the national Society of Professional Journalists (SPJ), the Online News Association (ONA) and the Radio Television Digital News Association (RTDNA).

The Society of Professional Journalists, founded in 1909, serves nearly 10,000 professional journalists (SPJ, 2015). To survey the organization's members, the SPJ communications coordinator placed a 150-word summary about this study's purpose and a link to the survey (*Appendix B*) in an email newsletter sent to the membership on August 5, 2015, August 12, 2015, August 19, 2015, August 26, 2015, and September 2, 2015. The newsletter was sent to about 7,500 members each Wednesday. The researcher also posted a summary of this study's purpose and a link to the survey on the organization's Facebook page (*Appendix C*), which has 23,173 followers. The Facebook posts, which were on August 4, 2015 and August 13, 2015, did not yield results because submitted content posts in the side visitor's section instead of on the main feed, garnering little (if any) attention and making them easy to ignore.

The Radio Television Digital News Association, founded in 1946, serves more than 3,000 professional journalists (RTDNA, 2015). These journalists consist of those in the electronic news profession, including local and network news executives, news directors, producers, reporters, and digital news professionals. To survey the organization's members, the researcher posted a summary of this study's purpose and a link to the survey on the organization's Facebook page (*Appendix C*), which has 2,413

followers. The Facebook posts, which were on August 4, 2015 and August 13, 2015, did not yield results because submitted content posts in the side visitor's section instead of on the main feed, garnering little (if any) attention and making them easy to ignore.

The Online News Association, founded in 1999, serves more than 2,200 members who work as producers, content editors, news directors, reporters, bloggers, technologists, designers, academics, and newsroom decision-makers (ONA, 2015). To survey the organization's members, the researcher posted a summary of this study's purpose and a link to the survey on the organization's Facebook page (*Appendix C*), which has 7,852 followers. The Facebook posts, which were on August 4, 2015 and August 13, 2015, did not yield results because submitted content posts in the side visitor's section instead of on the main feed, garnering little (if any) attention and making them easy to ignore.

Taken together, the three organizations have a membership of about 15,200 professional journalists. The survey had potential to reach about 7,500 through the Society of Professional Journalists' newsletter, not counting followers on the three groups' Facebook pages or eliminating those who belong to more than one of these organizations. However, the researcher received little feedback overall from these methods, and found Twitter to be a better tool for soliciting survey respondents. The researcher used her professional Twitter account (@profkrg) to post daily survey participation calls (*Appendix D*) at least six times a day during the month of August, using the #journalism hashtag. The hashtag allowed anyone who searched Twitter for that term to consider completing the survey. It also exposed the researcher's 786

followers who used the word "journalist" in their bio to the study. Many journalists reshared (retweeted) study-related tweets.

The most direct method of recruiting journalists for the survey was through a list of 1,673 journalists from across the U.S. that the researcher compiled on her Twitter account. After pruning the list for inactive accounts, those working outside of the U.S. and those no longer working in journalism, the researcher sent 1,211 direct messages to the remaining professional journalists, asking them to complete the study (*Appendix E*). The researcher eliminated 83 additional journalists from the potential respondents, after receiving messages from them saying they no longer worked in journalism or lived outside the U.S. and hadn't updated their Twitter profiles. Therefore, 1,128 professional journalists were directly messaged and asked to complete the survey, which was linked to the top of the researcher's Twitter profile page, since Twitter does not allow multiple direct messages containing links to be sent from any single user. The majority of the survey's responses seemed to result from these calls for participation.

Because of the multiple methods of sampling used, the likelihood that at least some journalists are members of multiple professional organizations and the number of retweeted calls for participation on Twitter, it is difficult to determine an accurate response rate to the survey. However, the SPJ email newsletter is sent directly to 7,500 journalists' email accounts each week. The researcher sent direct Twitter messages to 1,211 professional journalists, asking them to complete the survey. This means 8,711 journalists were asked directly to participate in the study. Overall, 829 surveys were completed, for a response rate of 10% from those asked directly to participate.

Measures

      This study examines the impact of trauma coverage on journalists, specifically examining the conflict between journalism professionalism and the negative emotional affect some journalists experience as a result of reporting about traumatic events. The study also seeks to better understand the role the newsroom culture plays in alleviating or exacerbating journalists' internal conflict when they're suffering from trauma. Four areas of research were explored to create measures that can answer the questions related to the study's purpose—trauma exposure, trauma symptoms as a result of that exposure, respondents' perceptions of journalism professionalism, and organizational climate.

      Trauma exposure. The Measure of Life Events Checklist for DSM-5 (LEC-5) is a 17-item self-report measure designed to screen for potentially traumatic events in a respondent's lifetime (Weathers, et al., 2013). The Life Events Checklist originally was developed at the National Center for Posttraumatic Stress to facilitate the diagnosis of PTSD by establishing exposure to traumatic events (Gray, Litz, Hsu, & Lombardo, 2004). It was adapted in 2013 to fit new diagnostic criteria in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 (APA, 2013; Weathers, et al., 2013). The Life Events Checklist for DSM-IV (Gray, Litz, Hsu, & Lombardo, 2004) has been used to identify trauma exposure in many populations, including mental health workers (Creamer & Liddle, 2005), college students (Hassija & Gray, 2012; Vernon, Dillon & Steiner, 2009) and veterans (Biehn, Elhai, Fine, Seligman, & Richardson, 2012). The LEC-5 has not been applied in many published studies because of its newness. However, changes to the checklist were minimal,

108

resulting in researchers still supporting its validity and reliability (Weathers, et al.,

2013; Weathers, Marx, Friedman, & Schnurr, 2014).

The Measure of Life Events Checklist for DSM-5 (LEC-5) was used in this

study to measure whether respondents were exposed to traumatic events in their

personal and professional lives. The LEC-5 assesses exposure to 16 events known to

potentially result in PTSD or emotional distress. It also includes one additional item

assessing any other stressful event not captured in the first 16 items. The questionnaire

lists a variety of potentially traumatic events, such as natural disaster, assault and death

of a loved one (Gray, Litz, Hsu, & Lombardo, 2004). Participants are asked to rate the

level of exposure they have experienced to each, on a 6-point Likert scale with 1 =

happened to me personally, 2 = witnessed it happening to someone else, 3 = learned

about it happening to a close family member of friend, 4 = exposed to it as part of your

job, 5 = not sure if it fits, and 6 = does not apply (Gray, Litz, Hsu, & Lombardo, 2004).

The self-report LEC was chosen for its fit to the study because it allows for

comparisons among various occupations and disciplines in previous research, and

because it is the only trauma exposure measure that has been adapted to the American

Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders

(DSM)-V, which is the most recent version of the manual, published in 2013. Two

things were changed in the revision to LEC-5. First, because of the DSM-5 requirement

that learning about the sudden, unexpected death of a loved one only qualifies as a

traumatic stressor if it was accidental or violent, the category "sudden, unexpected death

of someone close to you" was revised to "sudden accidental death" (Weathers, Marx,

Friedman, & Schnurr, 2014). This item is supplemented by the existing item "sudden

violent death," which was thought sufficient to address any deaths that were not due to natural causes (Weathers, Marx, Friedman, & Schnurr, 2014). Second, because of a new form of indirect exposure to aversive details and its relationship to certain occupational roles, a response category was added to the survey allowing respondents to choose exposure to each type of trauma listed as "part of my job" (Weathers, et al., 2013; Weathers, Marx, Friedman, & Schnurr, 2014). Psychometrics are not available for the LEC-5 because it was so new (Weathers, et al., 2013). However, because of minimal revisions to the original version, few psychometric differences are expected (Weathers, et al., 2014).

Emotional affect. The PTSD Checklist for DSM-5 (PCL-5) assesses the 20 American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM)-V symptoms of Post-traumatic Stress Disorder (Weathers, et al., 2013). The PCL-5 is used for screening individuals for PTSD (Weathers, et al., 2013). The PTSD Checklist was developed in 1990 and became "one of the most widely used, extensively validated PTSD questionnaires" (Weathers, Marx, Friedman, & Schnurr, 2014, p. 101). It was adapted in 2013 to fit new diagnostic criteria in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 (APA, 2013). The PTSD Checklist has been used to identify PTSD symptoms in populations, including journalists (Backholm & Björkqvist, 2012; Browne, Evangeli & Greenberg, 2012; Pyevich, Newman & Daleiden, 2003), college students (Schnider, Elhai & Gray, 2007) and emergency workers (LaFauci Schutt & Marotta, 2011). The PCL-5 has not been applied in many published studies because of its newness.

The PCL-5 was used in this study to measure whether respondents displayed symptoms of emotional trauma after exposure to traumatic events. The questionnaire lists a variety of responses to stressful events, addressing issues like unwanted memories, disturbing dreams, trouble remembering parts of the event, loss of interests in activities previously enjoyed, feeling jumpy, or having difficulty concentrating. The 20-item self-report scale consists of questions related to emotional response to traumatic events. Participants are asked to rate their level of symptoms on a 5-point Likert scale from not at all to extremely (Weathers, et al., 2013). An individual is considered to have screened positive for PTSD symptoms on items rated moderately, the mid-point of the scale, or higher (Weathers, et al., 2013).

The self-report PCL-5 was chosen for its fit to the study because it is the only trauma exposure measure that has been adapted to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM)-5, which is the most recent version of the manual, published in 2013. Several changes were made in the DSM-5 version of the PCL. First, items were added to assess the three new symptoms, making it a 20-item measure (Weathers, Marx, Friedman, & Schnurr, 2014). Other items were revised to reflect reworded symptoms (Weathers, Marx, Friedman, & Schnurr, 2014). Second, the response scale was changed from 1-5 to 0-4, allowing the lowest positive score to be zero instead of 17 (Weathers, Marx, Friedman, & Schnurr, 2014). Third, only one version of the checklist was created, instead of the previous three, which consisted of civilian version, symptom-based and military versions (Weathers, Marx, Friedman, & Schnurr, 2014).

Professionalism. This study includes research questions and hypotheses to explore the extent to which journalists with a higher sense of professionalism are likely to acknowledge trauma exposure or its effects. To evaluate these ideas, statements related to the journalists' sense of professionalism were formed incorporating the literature on journalism professionalism, normative theory, professional journalism ethics, and journalism ideology. Journalism professionalism dimensions in the construct include those related to service, truth and objectivity. Normative measures drew from journalism' idealized role in democracy, which provide the theoretical basis for freedom of expression and freedom of the press, as well as the news media's responsibilities to the public. Statements also were included in this section to address the relationship between professional values and journalists' perceptions of reporting on trauma as part of their jobs. Participants were asked to express their level of agreement or disagreement with each statement on a five-point Likert scale.

Organizational climate. Research questions and hypotheses related to the organizational climate in the journalism newsroom and how it might alleviate or exacerbate journalists' internal conflict when they're suffering from emotional trauma also will be studied. To evaluate these ideas, statements related to the organizational climate in the newsroom in relation to trauma coverage were formed using measures from the Human Relations Model of organizational climate. The model has norms and values associated with belonging, trust and cohesion, which are achieved through training and human resource development (Patterson, et al., 2005). The climate dimensions include those in four areas: employee welfare, the extent to which the organization values and cares for its employees (e.g., Robinson & Rousseau, 1994;

Guest, 1998); communication, the free sharing of information throughout the organization (e.g., Callan, 1993); emphasis on training, a concern with developing employee skills (e.g., Gattiker, 1995; Morrow, Jarrett & Rupinski, 1997); and supervisory support, the extent to which employees experience support and understanding from their immediate supervisors (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002). Participants were asked to express their level of agreement or disagreement with each of the statements on a five-point Likert scale. Following this section, basic demographic and job data—age, gender, years on the job, type of media outlet, size of media outlet, etc.—also was gathered.

Survey implementation

As mentioned above, this study employed a web-based survey to measure the relationships between trauma, journalism, professionalism, and the journalism organizational climate. Data collection from the professional journalists surveyed was in August 2015. The survey was comprised of five sections. The first section explored trauma exposure. Specifically, respondents were asked to identify all of the types of trauma they were exposed to during their entire lives and to identify whether that exposure happened to them personally, they witnessed it happening to someone else, they learned about it happening to a close family member or friend, or if they were exposed to it as part of their job. The second section explored trauma symptoms. In that section, respondents were asked to rate how much they experienced specific types of trauma responses within the last month from "not at all" to "extremely." Journalism professionalism was explored in the third section of the survey. In that section, journalists were asked to choose their level of agreement to a list of statements related

to journalism professionalism. Respondents did the same thing in relation to organizational climate in the fourth section. The final section of the survey asked demographic questions of the respondents, including their age, gender, years they worked as a professional journalist, type of news organization for which they worked, their primary job role, and whether they had management responsibilities.

Measurement instrument

The survey was pre-tested with a sample of seven professional journalists to assess reliability, validity, and comprehension. The pre-test survey respondents provided comments about the clarity of questions and instructions, how much time the survey took, and technical issues with the online survey. The instructions that confused respondents were reassessed and rewritten. Also, bold or underlined text was applied in instructions where needed in an effort to clarify them. Technical issues with the online survey also were corrected at this point before the survey was released.

Construct reliability

Reliability for a journalism professionalism construct and an organizational climate construct were assessed using Cronbach's alpha. The Cronbach's alpha for the five-statement journalism professionalism construct was .609. The Cronbach's alpha for the organizational climate construct was .900. An acceptable alpha level is .70 or higher (George & Mallery, 2003), meaning the organizational construct's alpha reflects high reliability and the journalism professionalism construct is lower than acceptable.

The professionalism construct's alpha level may be low because of the nature of journalism professionalism and because of the scale used. Studies indicate that

114

journalists have pluralistic values and role conceptions (Weaver & Wilhoit, 1986; Gade & Lowrey, 2011) and have a difficult time articulating their values (Kovach & Rosenstiel, 2007). The low alpha also could be because the professionalism scale is an original scale being used for the first time, which frequently results in low reliability (Tull, 1973). Also, mixing professional values with trauma-related experiences in the same questions may have negatively impacted reliability. This reflects the conflict between journalists' sense of professionalism and their views on trauma exposure and response.
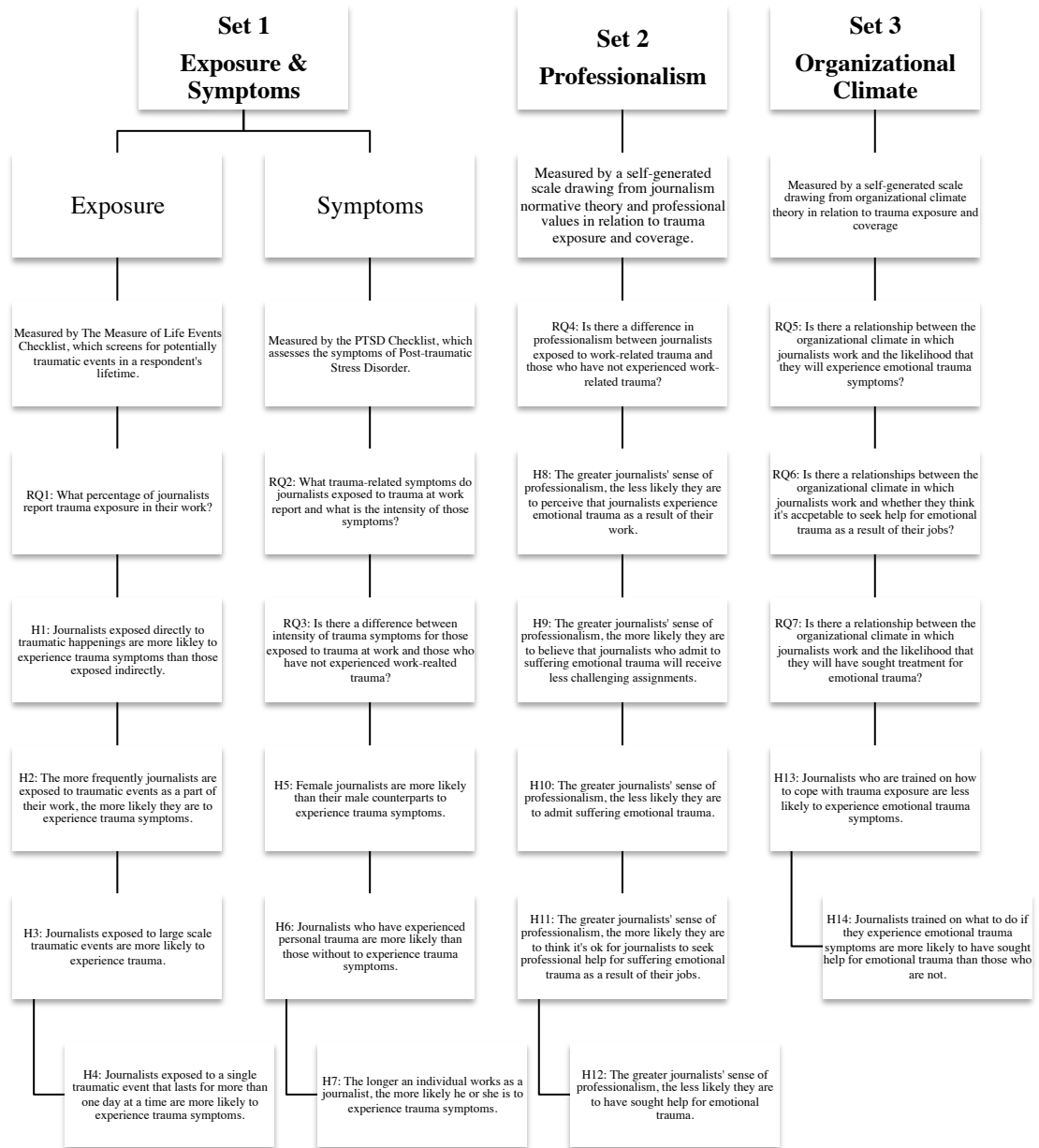
Summary: Methodology

To summarize, the present study was comprised of a web-based survey taken by full-time professional journalists in the United States. The sample of professional journalists was drawn from members of the Society of Professional Journalists, the Online News Association, the Radio Television Digital News Association, and from those identifying themselves as journalists on Twitter. The survey measured trauma exposure, trauma symptoms, journalism professionalism, and organizational behavior. The survey's first section, respondents were asked to identify all of the types of trauma they were exposed to during their entire lives and whether that exposure happened to them personally, they witnessed it happening to someone else, they learned about it happening to a close family member or friend, or if they were exposed to it as part of their job. In the second section, respondents were asked to rate how much they experienced specific types of trauma responses within the last month from "not at all" to "extremely." In the third section, journalists were asked to choose their level of agreement with a list of statements related to journalism professionalism. In the fourth

section, respondents were asked to choose their level of agreement with a list of

statements related to organizational climate.

Chapter 7: Results

Of the 8,711 journalists surveyed, 829 completed the survey for a response rate of 9.52%. They worked primarily for newspapers (n = 373, 45%), television stations (n = 131, 15.8%) or websites (n = 83, 10%). Although those working at magazines (n = 26, 3.1%), radio stations (n = 18, 2.2%) and in "other" categories like freelance or social media (n = 29, 3.5%) were represented. Respondents were mostly reporters (n = 344, 41.5%) or editors/producers (n = 223, 26.9%). They had an average of 14 years of experience, with an average of six years of experience in their current jobs. Many of them said they had no management responsibilities (n = 314, 37.9%), but almost 32 percent (n = 264) said they had some management responsibilities and 10.3% (n = 85) said they were primarily managers (n = 166, 20% did not answer the question). About 44% of the respondents (n = 363) were female, and 37 was the group's average age. *Appendix F* reflects the respondents' demographic statistics. The results that follow answer the study's seven research questions and test 14 hypotheses. These research questions and hypotheses are grouped around three sets of variables—exposure and symptoms, professionalism and organizational climate (*Figure 1*)—and, for clarity, will be explained briefly at the beginning of each section.

Figure 1. Conceptual map connecting measures to RQs and Hypotheses

Set 1
Exposure & Symptoms

Set 2
Professionalism

Set 3
Organizational Climate

Exposure

Symptoms

Measured by a self-generated scale drawing from journalism normative theory and professional values in relation to trauma exposure and coverage.

Measured by a self-generated scale drawing from organizational climate theory in relation to trauma exposure and coverage

Measured by The Measure of Life Events Checklist, which screens for potentially traumatic events in a respondent's lifetime.

Measured by the PTSD Checklist, which assesses the symptoms of Post-traumatic Stress Disorder.

RQ4: Is there a difference in professionalism between journalists exposed to work-related trauma and those who have not experienced work-related trauma?

RQ5: Is there a relationship between the organizational climate in which journalists work and the likelihood that they will experience emotional trauma symptoms?

RQ1: What percentage of journalists report trauma exposure in their work?

RQ2: What trauma-related symptoms do journalists exposed to trauma at work report and what is the intensity of those symptoms?

H8: The greater journalists' sense of professionalism, the less likely they are to perceive that journalists experience emotional trauma as a result of their work.

RQ6: Is there a relationships between the organizational climate in which journalists work and whether they think it's accpetable to seek help for emotional trauma as a result of their jobs?

H1: Journalists exposed directly to traumatic happenings are more likley to experience trauma symptoms than those exposed indirectly.

RQ3: Is there a difference between intensity of trauma symptoms for those exposed to trauma at work and those who have not experienced work-realted trauma?

H9: The greater journalists' sense of professionalism, the more likely they are to believe that journalists who admit to suffering emotional trauma will receive less challenging assignments.

RQ7: Is there a relationship between the organizational climate in which journalists work and the likelihood that they will have sought treatment for emotional trauma?

H2: The more frequently journalists are exposed to traumatic events as a part of their work, the more likely they are to experience trauma symptoms.

H5: Female journalists are more likely than their male counterparts to experience trauma symptoms.

H10: The greater journalists' sense of professionalism, the less likely they are to admit suffering emotional trauma.

H13: Journalists who are trained on how to cope with trauma exposure are less likely to experience emotional trauma symptoms.

H3: Journalists exposed to large scale traumatic events are more likely to experience trauma.

H6: Journalists who have experienced personal trauma are more likely than those without to experience trauma symptoms.

H11: The greater journalists' sense of professionalism, the more likely they are to think it's ok for journalists to seek professional help for suffering emotional trauma as a result of their jobs.

H14: Journalists trained on what to do if they experience emotional trauma symptoms are more likely to have sought help for emotional trauma than those who are not.

H4: Journalists exposed to a single traumatic event that lasts for more than one day at a time are more likely to experience trauma symptoms.

H7: The longer an individual works as a journalist, the more likely he or she is to experience trauma symptoms.

H12: The greater journalists' sense of professionalism, the less likely they are to have sought help for emotional trauma.

Trauma and journalism. To potentially suffer emotional trauma, an individual

must first be exposed to a traumatic event, or an event that results in a death or near

death experience. **RQ1** established the extent of trauma exposure journalists

experienced as a result of their work. Once they are exposed to a traumatic event,

individuals may display symptoms of emotional trauma. **RQ2** examined what trauma-

related symptoms journalists exposed to trauma at work reported and the intensity of

those symptoms. **RQ3** expanded upon the examination of symptoms by asking whether

there is a difference in symptom intensity between journalists exposed to trauma at

work and those who are not. Traits of the trauma exposure also are thought to affect the

likelihood that individuals will experience symptoms of emotional trauma. Those traits

include whether the exposure is direct or indirect (**H1**), how frequently an individual is

exposed to traumatic events (**H2**), the size or magnitude of the traumatic event (**H3**),

and the duration of the trauma exposure (**H4**). Traits about individuals exposed to

traumatic events also are thought to affect the likelihood they will suffer emotional

trauma. Those traits include gender (**H5**), previous experience with personal trauma

(**H6**) and the length of time during which the individual has worked in a trauma-prone

profession (**H7**).

RQ1 asked what percentage of journalists report trauma exposure in their work.

The data were gathered using the Measure of Life Events Checklist for DSM-5 (LEC-

5), a 17-item self-report measure designed to screen for potentially traumatic events in a

respondent's lifetime in their personal and professional lives (Weathers, et al., 2013).

The LEC-5 assesses exposure to 16 events known to potentially result in PTSD or

emotional distress. It also includes an item to assess any other stressful event not

captured in the first 16 items. Journalists were instructed to select all of the responses that applied in their lifetime.

Table 1 reports the percentages of journalists in the sample (n = 829) exposed to various types of traumatic events. The Measure of Life Events Checklist asks respondents to report all trauma exposure throughout their life, including exposure at work. The checklist allows for distinguishing between direct and indirect exposure in life, generally, but does not allow for this division in work-related exposure. Therefore, this analysis can identify the various types of exposure that occur at work, but cannot distinguish whether work-related exposures are direct or indirect.

The data showed that 87.9% (n = 729) of the respondents were exposed to job-related trauma. Exposure may mean the journalists were exposed directly to a traumatic event while covering it for their news organization. It also could mean the journalists were exposed indirectly to the traumatic event by, for example, interviewing a source who had experienced trauma, reading about the traumatic event in court records, or viewing photos and/or footage of the traumatic happening. Sudden violent death such as homicide or suicide was the most commonly reported (70.6%, n = 585) traumatic event journalists were exposed to at work. It was followed by work-related exposure to fire or explosion (67.7%, n = 561), transportation accident (66.9%, n = 555), sudden accidental death (65.7%, n = 545), and natural disaster (61.2%, n = 507). Serious injury, harm or death you caused to someone else was the least reported (16%, n = 133) work-related trauma.

Table 1. Journalists' exposure to traumatic events

	Direct exposure		Indirect exposure	Direct or indirect exposure		
	It happened to you personally	You witnessed it happen to someone else	You learned about it happening to a close family member or close friend	You were exposed to it as part of your job	You're not sure if it fits	It doesn't apply to you
	829	*829*	*829*	*829*	*829*	*829*
Natural disaster	329 (41.1%)*	310 (37.4%)	293 (35.3%)	507 (61.2%)	25 (3.0%)	97 (11.7%)
Fire or explosion	63 (7.6%)*	237 (28.6%)	178 (21.5%)	561 (67.7%)	14 (1.7%)	131 (15.8%)
Transportation accident	471 (56.8%)*	358 (43.2%)	381 (46.0%)	555 (66.9%)	2 (0.2%)	36 (4.3%)
Serious accident	95 (11.5%)*	151 (18.2%)	276 (33.3%)	401 (48.4%)	51 (6.2%)	183 (22.1%)
Exposure to toxic substance	40 (4.8%)*	40 (4.8%)	65 (7.8%)	241 (29.1%)	71 (8.6%)	435 (52.5%)
Physical assault	209 (25.2%)*	226 (27.3%)	277 (33.4%)	418 (50.4%)	27 (3.3%)	184 (22.2%)
Assault with a weapon	70 (8.4%)*	101 (12.2%)	192 (23.2%)	480 (57.9%)	21 (2.5%)	210 (25.3%)
Sexual assault	110 (13.3%)*	32 (3.9%)	300 (36.2%)	436 (52.6%)	23 (2.8%)	203 (24.5%)
Other unwanted sexual experience	288 (34.7%)*	103 (12.4%)	287 (34.6%)	351 (42.3%)	46 (5.5%)	200 (24.1%)
Combat or exposure to a warzone	25 (3.0%)*	37 (4.5%)	250 (30.2%)	183 (22.1%)	23 (2.8%)	430 (51.9%)
Captivity	7 (0.8%)*	13 (1.6%)	34 (4.1%)	244 (29.4%)	28 (3.4%)	510 (61.5%)
Life-threatening illness/injury	88 (10.6%)*	328 (39.6%)	416 (50.2%)	410 (49.5%)	12 (1.4%)	145 (17.5%)
Severe human suffering	30 (3.6%)*	186 (22.4%)	139 (16.8%)	465 (56.1%)	67 (8.1%)	211 (25.5%)
Sudden violent death	28 (3.4%)*	88 (10.6%)	247 (29.8%)	585 (70.6%)	19 (2.3%)	105 (12.7%)
Sudden accidental death	25 (3.0%)*	92 (11.1%)	241 (29.1%)	545 (65.7%)	27 (3.3%)	137 (16.5%)
Serious injury/death you caused	10 (1.2%)*	27 (3.3%)	38 (4.6%)	133 (16.0%)	25 (3.0%)	632 (76.2%)
Any other very stressful event/experience	345 (41.6%)*	235 (28.3%)	239 (28.8%)	432 (52.1%)	80 (9.7%)	142 (17.1%)

* Percentages for each row exceed 100 percent because sources were asked to identify all sources of trauma exposure throughout their lifetime.

121

RQ2 asked what trauma-related symptoms journalists exposed to trauma at work experienced and the intensity of those symptoms. The PTSD Checklist for DSM-5 (PCL-5) was used the answer the question. The PCL-5 assesses the 20 American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 symptoms of Post-traumatic Stress Disorder following a respondent's exposure to a traumatic event (Weathers, et al., 2013). The questionnaire lists a variety of responses to stressful events, addressing issues like unwanted memories, disturbing dreams, trouble remembering parts of the event, loss of interest in activities previously enjoyed, feeling jumpy, and having difficulty concentrating. Participants are asked to rate their level of symptoms in the past month on a 5-point Likert scale with 1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, and 5 = extremely (Weathers, et al., 2013). According to the PCL-5, an individual is considered to have screened positive for PTSD symptoms on items rated moderately (3), quite a bit (4) or extremely (5), based on their experiences in the past month (Weathers, et al., 2013). IT is important to note that symptoms are the result of exposure. However, for those exposed to multiple traumatic events (or in both their personal lives and work), the extent and types of exposure cannot be attributed directly as the cause of specific symptoms. Within this framework, RQ is limited to exploring the relationship between trauma exposure at work and symptoms and cannot claim that work-related trauma exposure alone caused the symptoms.

To answer **RQ2**, journalists who responded that they were exposed to trauma at work were identified, then the types of trauma symptoms these journalists reported were analyzed. *Table 2* reports results in the three PTSD-positive response categories. It then

shows a total for each of these categories, assessing which symptoms journalists experienced at the highest rates. Most symptoms were present in a minority of respondents. The trauma symptoms journalists experienced at the highest levels overall (see *Table 2*) were "being super alert, watchful or on guard" (33.9%, n = 247), "avoiding memories, thoughts or feelings related to the stressful experience" (30%, n = 219), "trouble falling or staying asleep" (27.3%, n = 199), "repeated, disturbing and unwanted memories of the stressful experience" (23.4%, n = 171), "feeling very upset when someone reminded you of the stressful experience" (21.6%, 158), "having strong negative beliefs about yourself, other people or the world" (21.5%, n = 157), and "having difficulty concentrating" (21.5%, n = 157). The trauma symptom journalists experienced least was related to re-experiencing. The statement reads: "suddenly feeling or acting as if the stressful experience were actually happening again" (10.1%, n = 74).

Most journalists did not experience extreme symptoms during the past month, with 5.2% as the highest percentage of journalists reporting extreme symptoms in any one category. The trauma symptoms journalists experienced most strongly (see *Table 2*), at a level of "extremely" during the past month, were "being super alert or watchful or on guard" (5.2%, n = 38), "trouble falling or staying asleep" (4.8%, n = 35), "avoiding memories, thoughts or feelings related to the stressful experience" (3.8%, n = 28), and "having strong negative beliefs about yourself, other people or the world" (3.4%, n = 25).

Overall, about one in 20 to 30 journalists report extreme suffering from PTSD symptoms in the past month. Of these, some suffer extremely from multiple symptoms. However, there was no single type of symptom that the majority of journalists

experienced. "Being super alert, watchful or on guard" was the symptom journalists experienced most, with nearly 34% of respondents saying they had that symptom. A relatively low percentage (less than 5%) of respondents experienced extreme symptoms during the past month. "Being super alert, watchful or on guard" also was the symptom journalists experienced most extremely, with just more than 5% of respondents reporting having experienced that symptom at extreme levels during the last month.

Table 2. Trauma symptoms of journalists exposed to work-related trauma

	Moderately	Quite a bit	Extremely	Total
Unwanted memories (n = 684)	114 (15.6%)	48 (6.6%)	9 (1.2%)	171 (23.4%)
Disturbing dreams (n = 684)	68 (9.3%)	27 (3.7%)	3 (0.4%)	98 (13.4%)
Reexperiencing (n = 683)	52 (7.1%)	14 (1.9%)	8 (1.1%)	74 (10.1%)
Upset when reminded (n = 683)	106 (14.5%)	44 (6.0%)	8 (1.1%)	158 (21.6%)
Physical reaction to reminders (n = 683)	81 (11.1%)	30 (4.1%)	13 (1.8%)	124 (17%)
Avoding memories/thoughts (n = 681)	120 (16.5%)	71 (9.7%)	28 (3.8%)	219 (30%)
Avoiding external reminders (n = 683)	86 (11.8%)	47 (6.4%)	20 (2.7%)	153 (20.9%)
Trouble remembering (n = 682)	54 (7.4%)	25 (3.4%)	3 (0.4%)	82 (11.2%)
Strong negative beliefs (n = 683)	82 (11.2%)	50 (6.9%)	25 (3.4%)	157 (21.5%)
Blaming yourself/someone else (n = 679)	63 (8.6%)	25 (3.4%)	6 (0.8%)	94 (12.8%)
Strong negative feelings (n = 681)	88 (12.1%)	48 (6.6%)	15 (2.1%)	151 (20.8%)
Lost of interest in activities (n = 682)	72 (9.9%)	21 (2.9%)	8 (1.1%)	101 (13.9%)
Feeling distant/cut off from others (n = 683)	84 (11.5%)	45 (6.2%)	14 (1.9%)	143 (19.6%)
Trouble experiencing positive feelings (n = 681)	54 (7.4%)	26 (3.6%)	8 (1.1%)	88 (12.1%)
Irritable/aggressive behavior (n = 683)	71 (9.7%)	36 (4.9%)	7 (1.0%)	114 (15.6%)
Taking risks/harmful behavior (n = 682)	39 (5.3%)	9 (1.2%)	4 (0.5%)	52 (7.0%)
Being "superalert" (n = 681)	129 (17.7%)	80 (11.0%)	38 (5.2%)	247 (33.9%)
Feeling jumpy/easily startled (n = 681)	83 (11.4%)	49 (6.7%)	20 (2.7%)	152 (20.8%)
Difficulty concentrating (n = 682)	99 (13.6%)	46 (6.3%)	12 (1.6%)	157 (21.5%)
Trouble falling/staying asleep (n = 682)	95 (13.0%)	69 (9.5%)	35 (4.8%)	199 (27.3%)

According to the diagnostic analysis of this measure, those responding "moderately," "quite a bit" or "extremely" are considered symptomatic and in need of treatment.

RQ3 asked if there was a difference between intensity of trauma symptoms for those exposed to traumatic events at work and those who did not experience trauma at work, but may have experienced trauma outside of the workplace. Responses to the PTSD Checklist for DSM-5 (PCL-5) results were used to answer the question. Independent samples t-tests were used to test for differences in the symptom intensity of those journalists who experienced trauma exposure at work and those who did not. The research question was answered in two ways. First, a construct—symptom intensity—was created as a broad measure to indicate responses of severity to all of the 20 symptom measures from the PTSD Checklist for DSM-5 (PCL-5). Participants rated their level of symptoms in the past month on a 5-point Likert scale from not at all to extremely. The construct mean reflects the mean response to the intensity of all 20 symptoms experienced.

The t-test on the construct answers the research question most directly as it is inclusive of all possible PTSD symptoms. Then, for more precise answers, t-tests were run on each symptom to determine whether trauma exposure at work was related to greater severity of specific symptoms.

The construct showed a significant difference ($t = -2.656$, $df = 748$, $p = .01$) in symptom intensity between journalists exposed to trauma at work ($M = 1.77$) and those who were not ($M = 1.57$). The t-tests found that journalists exposed to trauma at work reported significantly more intense symptoms than those not exposed at work. Further, the t-tests found that those exposed to trauma at work suffered significantly more intense symptoms on seven of the 20 symptoms identified in the PTSD Checklist for DSM-5 (see *Table 3*). Those symptoms were: "being super alert or watchful or on

guard" (t = -3.475, df = 761, p = .001), "feeling jumpy or easily startled" (t = -2.971, df = 761, p = .003), "having strong negative beliefs about yourself, other people or the world" (t = -2.648, df = 761, p = .008), "avoiding memories, thoughts or feelings related to the stressful experience" (t = -2.571, df = 761, p = .010), "repeated, disturbing and unwanted memories of the stressful experience" (t = -2.543, df = 764, p = .011), "irritable behavior, angry outbursts or acting aggressively" (t = -2.453, df = 763, p = .014), and "feeling distant or cut off from other people" (t = -2.386, df = 763, p = .017) (see *Table 3*).

Table 3. Symptom intensity by work exposure

	Exposed	Not Exposed	t value
Symptom Intensity construct (n = 750)	1.77	1.57	-2.656**
Unwanted memories (n = 766)	1.99	1.71	-2.543*
Disturbing dreams (n = 766)	1.60	1.71	1.707
Reexperiencing (n = 765)	1.44	1.28	-1.673
Upset when reminded (n = 765)	1.94	1.79	-1.341
Physical reaction to reminders (n = 765)	1.68	1.51	-1.521
Avoiding memories/thoughts (n = 763)	2.14	1.80	2.571**
Avoiding external reminders (n = 765)	1.85	1.67	-1.431
Trouble remembering (n = 764)	1.50	1.49	0.169
Strong negative beliefs (n = 765)	1.85	1.61	-1.891
Blaming yourself/someone else (n = 761)	1.54	1.51	-0.234
Strong negative feelings (n = 763)	1.86	1.55	-2.648**
Lost of interest in activities (n = 764)	1.52	1.35	-1.687
Feeling distant/cut off from others (n = 765)	1.79	1.51	-2.386*
Trouble experiencing positive feelings (n = 763)	1.54	1.44	-1.043
Irritable/aggressive behavior (n = 765)	1.72	1.46	-2.453*
Taking risks/harmful behavior (n = 764)	1.37	1.27	-1.283
Being "superalert" (n = 763)	2.26	1.79	3.475***
Feeling jumpy/easily startled (n = 763)	1.83	1.46	-2.971**
Difficulty concentrating (n = 764)	1.89	1.76	-1.121
Trouble falling/staying asleep (n = 764)	2.08	1.93	-1.094

The first row looks at the construct differences and significance between journalists exposed to trauma at work and those who are not. The subsequent rows look at each symptom-related variable to report the differences and significance between journalists exposed to trauma at work and those who are not.

* p ≤ .05
** p ≤ .01
*** p ≤ .001

The next seven hypotheses tested individual variables (as independent variables) in relation to trauma symptoms (dependent variable). For these tests, respondents who reported symptoms initially were identified as having experienced at least moderate trauma symptoms in the past month (*Table 2*). To test the hypotheses, symptoms was recoded into a dichotomous variable (no symptoms/positive for symptoms).

H1 anticipated that journalists exposed directly to a traumatic happening would be more likely to experience trauma symptoms than those exposed indirectly. The hypothesis was tested using an independent samples t-test for differences in types of trauma exposure in relation to trauma symptoms. Trauma exposure was coded as a dichotomous variable (indirect exposure/direct exposure). The t-test showed there was a significant difference (t = -2.924, p = .004) between journalists exposed only to trauma indirectly (M = .457) and those exposed to trauma directly (M = .667). This result indicates that journalists exposed directly to a traumatic happening are more likely to experience emotional trauma symptoms. It also indicates that journalists exposed indirectly to a traumatic happening are less likely to experience emotional trauma symptoms. *The hypothesis was supported*.

H2 proposed that the more frequently journalists were exposed to traumatic events as part of their work, the more likely they would be to experience trauma symptoms. The hypothesis was tested by measuring the correlation between frequency of exposure and trauma symptoms. Frequency of exposure was measured based on responses to the question: "How often are you exposed to traumatic events in your work?" Journalists were asked to choose between 1 = never, 2 = yearly, 3 = every few months, 4 = monthly, or 5 = weekly. Results found there is a significant correlation (r =

.201, p = .000) between the frequency journalists are exposed to traumatic events as part of their work and the likelihood they will experience trauma symptoms. This result indicates that the more frequently journalists are exposed to traumatic events as part of their work, the more likely they are to experience trauma symptoms. It also indicates that the less frequently journalists are exposed to traumatic events as part of their work, the less likely they are to experience trauma symptoms. *The hypothesis was supported*.

H3 purported that journalists exposed more frequently to large-scale traumatic events were more likely to experience trauma symptoms. The hypothesis was tested by a correlation between trauma intensity and trauma symptoms. Trauma intensity was measured by the statement: "As a result of my job, I am exposed to large-scale traumatic events (natural disasters, industrial accidents, terrorist attacks, school shootings, etc.) that result in multiple deaths." Journalists were asked to respond along a scale from: 1 = never, 2 = yearly, 3 = every few months, 4 = monthly, or 5 = weekly. Results indicated a significant correlation (r = .191, p = .000) between journalists' exposure to large-scale traumatic events and the likelihood they would experience trauma symptoms. This result indicates that journalists exposed more often to large-scale traumatic events as part of their work are more likely to experience trauma symptoms. It also indicates that journalists who are exposed less often or not at all to large-scale traumatic events as part of their work are less likely to experience trauma symptoms. *The hypothesis was supported*.

H4 proposed that journalists exposed to a single traumatic event that lasted for more than one day at a time would be more likely to experience trauma symptoms. Trauma duration was measured by responses to the statement: "I am exposed to a single

130

traumatic event for more than one day at a time as a result of my work." Journalists

responded along a scale from: 1 = never, 2 = yearly, 3 = every few months, 4 =

monthly, or 5 = weekly. The test found a significant correlation ($r = .230$, $p = .000$)

between journalists' exposure to a single traumatic event that lasts for more than one

day at a time and the likelihood they would experience trauma symptoms. This result

indicates that journalists exposed more frequently to single traumatic events that last

more than a day are more likely to experience trauma symptoms. It also indicates that

journalists exposed less often to single traumatic events that last more than a day are

less likely to experience trauma symptoms. *The hypothesis was supported*.

H5 anticipated that female journalists would be more likely than their male

counterparts to experience trauma symptoms. The hypothesis was tested using an

independent samples t-test to test for differences by gender in trauma symptoms. The

test found that female journalists ($M = .675$, $SD = .470$) were not significantly more

likely than men ($M = .630$, $SD = .469$) to experience trauma-related symptoms ($t = -1.21$, $p = .227$). The results indicate that women reported experiencing trauma

symptoms more than men, but the difference failed to achieve statistical significance.

The hypothesis was not supported.

H6 proposed that journalists who experienced personal trauma would be more

likely than those who did not experience personal trauma to experience trauma

symptoms. The hypothesis was tested using an independent samples t-test to test the

differences in personal trauma exposure and trauma symptoms. Personal trauma results

were gathered using the 17-item Measure of Life Events Checklist for DSM-5 (LEC-5).

Personal trauma exposure ("It happened to you personally.") was recoded as a

dichotomous variable (no personal trauma on any of the 17 items on the scale/personal

trauma on at least one item on the 17-item scale). The t-test showed that there was a

significant difference (t = 4.440, p = .001) between the symptoms reported by

journalists who had experienced personal trauma exposure (M = .683) and journalists

who had not experienced personal trauma exposure (M = .452). *The hypothesis was*

supported.

H7 purported that the longer an individual worked as a journalist, the more

likely he or she would be to experience trauma symptoms. The hypothesis was tested by

a correlation between the years of experience as a journalist and trauma symptoms. The

job experience variable was a self-report measure of how many years journalists had

worked in the profession. There was a significant negative correlation between years

working as a journalist and trauma symptoms (r = -.129, p = .001). This result indicates

that the longer an individual works as a journalist, the less likely he or she is to

experience emotional trauma symptoms. It also indicates that the less time an individual

works a journalist, the more likely he or she is to experience emotional trauma

symptoms. *The hypothesis was not supported*.

Professionalism and trauma. The next set of research questions and

hypotheses explored the relationship between respondents' perceptions of journalism

professionalism and work-related trauma exposure. This relationship is important

because journalists' professionalism defines the way they think about themselves in

relation to their work. Journalism professional values—e.g., to be detached, to be

objective and to bear witness—may alter the way journalists think about the possibility

of experiencing emotional trauma as a result of their work, and whether they will admit trauma symptoms or seek help for them.

This section begins with an overview of journalists' responses to statements measuring their sense of professionalism. Then it reports the results to one research question and five hypotheses that explore professionalism as an independent variable in relation to a series of dependent variables. **RQ4** asked if journalists exposed to work-related trauma and those who had not experienced work-related trauma had different perceptions of professionalism. The relationship then was addressed by a series of hypotheses purporting that journalists with a greater sense of professionalism are less likely to perceive that those in their profession experience emotional trauma as a result of their work (**H8**), are more likely to believe that journalists who admit to suffering emotional trauma will receive less challenging assignments (**H9**), are less likely to admit to suffering emotional trauma (**H10**), are less likely to think it's ok for journalists to seek professional help for suffering emotional trauma as part of their jobs (**H11**), and are less likely to have sought help for emotional trauma (**H12**).

To measure journalists' overall sense of professionalism, statements asked journalists their perceptions of their professional values and work in relation to normative values and trauma. Journalists were asked to rate their level of agreement with the statements on a 5-point Likert scale, where agreement indicated positive attitudes or high levels of professionalism. A professionalism construct was created to indicate responses to five of the journalism professionalism statements. The construct mean reflects the mean response to all five statements (Cronbach's alpha = .61). *Table 4*

reports the means for the construct and each of the five professionalism statements used to create it.

Results show that journalists displayed a moderate to strong sense of professionalism, overall (M = 3.624). The journalists agreed strongly with the importance of fact-based reporting (M = 4.221) and had moderately strong agreement that a detached, objective perspective is an essential journalism value (M = 3.724). Beyond this, respondents agreed that it is part of journalists' job to witness newsworthy events, regardless of impact on the journalist (M = 3.740), and expose themselves to traumatic events and report these events to the audience (M = 3.680). However, respondents appeared to understand that they are susceptible to potentially negative effects of this exposure. The journalists responded with slight disagreement to the statement: "Most journalists have special resiliency that allows them to do their jobs without suffering emotional trauma when they're exposed to traumatic events" (M = 2.757). Taken together, the professionalism construct suggests journalists embrace fact-based, objective reporting as a part of their professional identity. This identity is further explained by journalists perceiving that it is part of their job to cover traumatic events and bear witness for the public, even if this exposure has negative consequences to their personal health.

Table 4. Journalists' perceptions of professionalism

	Mean	Std. Dev.
Professionalism construct (n = 750) (Cronbach's alpha = .609)	3.624	0.634
A detached, objective stance to news is an essential journalism value. (n = 753)	3.724	1.064
Journalists must provide factual information and let the public decide what the truth is. (n = 753)	4.221	0.918
Most journalists have special resiliency that allows them to do their jobs without suffering emotional trauma when they're exposed to traumatic events. (n = 754)	2.757	1.155
It is a journalist's job to expose himself/herself to potentially traumatic events and report those events to the audience. (n = 752)	3.680	0.957
It is the journalist's job to witness newsworthy events, regardless of the impact on the journalist. (n = 755)	3.740	0.960

RQ4 asked whether there was a difference in the sense of professionalism between journalists exposed to work-related trauma and those who had not experienced work-related trauma. Work-related trauma exposure was measured again using a dichotomous variable (exposure/no exposure), based on the 17-item Measure of Life Events Checklist for DSM-5 (LEC-5). It is worth noting that work-related trauma exposure can be indirect or direct. Professionalism was measured using the professionalism construct defined above. A t-test on the construct answered the research question most directly. Then, for more precise answers, t-tests were run on each professionalism statement to determine whether journalists sense of professionalism affects their responses when they are exposed to trauma at work. Results are reported in *Table 5*.

The professionalism construct showed a significant difference (t = 3.019, df = 748, p = .003) in perceptions of professionalism between journalists exposed to trauma at work (M = 3.649) and those who were not (M = 3.420). This finding means that journalists exposed to trauma at work had a significantly stronger sense of professionalism than those not exposed at work. It also means that journalists not exposed to trauma at work had a significantly weaker sense of professionalism than those journalists exposed to trauma at work.

The t-tests also found significant differences in journalists exposed to trauma at work and those not exposed to trauma at work in relation to two of the professionalism statements. The statement: "It is a journalist's job to expose himself/herself to potentially traumatic events and report those events to the audience" showed a significant difference (t = 4.871, df = 750, p = .000) in professionalism between

136

journalists exposed to trauma at work (M = 3.738) and those who were not (M = 3.180). This finding means that journalists exposed to trauma at work agreed more strongly with the statement than those who were not. The statement: "It is the journalist's job to witness newsworthy events, regardless of the impact on the journalists" also showed a significant difference (t = 3.576, df = 753, p = .000) in ideals of professionalism between journalists exposed to trauma at work (M = 3.783) and those who were not (M = 3.383). This finding suggests that journalists exposed to work-related trauma agreed more strongly with the statement than those who were not. Taken together, the two statements reveal that journalists exposed to trauma in their work perceive as part of their professionalism that it is their job to accept trauma exposure more than those not exposed to trauma at work.

Table 5. Professionalism by work exposure

	Exposed at work (n = 729)	Not exposed at work (n = 96)	t stat
Professionalism construct (n = 750)	3.649	3.420	-3.067***
A detached, objective stance to news is an essential journalism value. (n = 753)	3.715	3.800	-0.678
Journalists must provide factual information and let the public decide what the truth is. (n = 753)	4.241	4.049	1.778
Most journalists have special resiliency that allows them to do their jobs without suffering emotional trauma when they're exposed to traumatic events. (n = 754)	2.767	2.680	0.645
It is a journalist's job to expose himself/herself to potentially traumatic events and report those events to the audience. (n = 752)	3.738	3.180	4.871***
It is the journalist's job to witness newsworthy events, regardless of the impact on the journalist. (n = 755)	3.783	3.383	3.576***

The first row looks at the professionalism construct differences and significance between journalists exposed to trauma at work and those who are not. The subsequent rows look at the five professionalism measures to report the differences and significance between journalists exposed to trauma at work and those who are not.

* $p \leq .05$

** $p \leq .01$

*** $p \leq .001$

H8 purported that the greater journalists' sense of professionalism, the less likely they would be to perceive that journalists experience emotional trauma as a result of their work. The hypothesis was tested by measuring the correlation between professionalism and a journalism trauma experience variable. The likelihood of experiencing work-related trauma variable read: "Few journalists experience emotional trauma as a result of their work." Respondents were asked to rate their level of agreement with the statement on a 5-point Likert scale from "strongly disagree" to "strongly agree." Accordingly, agreement with the statement indicated the perception of a low likelihood of journalists experiencing emotional trauma.

The results indicated a significant correlation between professionalism and perceptions of the likelihood of experiencing emotional trauma ($r = .132$, $p = .000$). The results indicated that journalists with a stronger sense of professionalism perceived a lower likelihood that journalists experience emotional trauma in their work. It also showed that journalists with a weaker sense of professionalism perceived a higher likelihood that journalists experience emotional trauma in their work. *The hypothesis was supported*.

H9 proposed that the greater journalists' sense of professionalism, the more likely they would be to believe that journalists who admit to suffering emotional trauma would receive less challenging assignments. The hypothesis was tested by measuring the correlation between professionalism and a trauma assignment variable. The trauma assignment variable read: "Journalists who admit to suffering from emotional trauma will receive less challenging assignments." Respondents were asked to rate their level

139

of agreement with the statement on a 5-point Likert scale from "strongly disagree" to "strongly agree."

Results revealed that there was no significant correlation between professionalism and the belief that journalists who admit to suffering emotional trauma will receive less challenging assignments (r = .053, p = .148). The results do reveal a positive correlation that supports the logic of the hypothesis, but the results failed to reach statistical significance. *The hypothesis was not supported*.

H10 proposed that the greater journalists' sense of professionalism, the less likely they would be to admit to suffering emotional trauma. The hypothesis was tested by measuring the correlation between professionalism and self reports of experiencing emotional trauma symptoms. Symptoms was measured as a dichotomous variable (no symptoms/symptoms) in the same way as previous hypotheses. There was no statistically significant relationship between professionalism and trauma symptoms (r = -.021, p = .572). *The hypothesis was not supported*.

H11 purported that the greater journalists' sense of professionalism, the less likely they would be to think it's ok for journalists to seek professional help for suffering work-related emotional trauma. The hypothesis was tested by measuring the correlation between professionalism and a help-seeking variable. The variable read: "It's ok for journalists to seek professional help for suffering emotional trauma as part of their jobs." Respondents were asked to rate their level of agreement with the statement on a 5-point Likert scale from "strongly disagree" to "strongly agree." There was no significant correlation between professionalism and thinking it's ok to seek

professional help for suffering work-related emotional trauma (r = -.028, p = .440). *The hypothesis was not supported.*

H12 proposed that the greater journalists' sense of professionalism, the less likely they would be to have sought help for emotional trauma. The hypothesis was tested by measuring the correlation between professionalism and a having sought help variable. The variable read: "I have sought treatment for work-related trauma." Respondents were asked to rate their level of agreement with the statement on a 5-point Likert scale from "strongly disagree" to "strongly agree." There is a significant negative correlation (r = -.173, p = .000) between professionalism and the likelihood that journalists have sought help for emotional trauma. This result indicates that the stronger a journalist's sense of professionalism, the less likely he or she is to have sought help for emotional trauma. It also indicates that the weaker the journalist's sense of professionalism, the more likely it is that he or she has sought help for emotional trauma. *The hypothesis was supported.*

Organizational climate. After exploring professionalism, the research considered how the conflict between journalists' sense of professionalism and traumatic emotions may be exacerbated further by the organizations in which they work. Specifically, the research considered how organizational climate, or employees' perceptions and descriptions of things that happen in the workplace, may impact them following their exposure to traumatic events. This is important because the organizations in which journalists work provide potentially important influence on how journalists are trained and prepared for trauma exposure, the support they receive after trauma exposure and how they respond to emotional trauma.

This section begins with an overview of journalists' responses to statements measuring their perceptions of the organizational climate in which they work. Then it reports the results to three research questions and two hypotheses. **RQ5** questioned the relationship between the organizational climate in which journalists work and the likelihood that they would experience emotional trauma symptoms. **RQ6** questioned whether there is a relationship between the organizational climate in which journalists work and whether they think it's acceptable to seek help for emotional trauma as a result of their jobs. **RQ7** questioned if there is a relationship between the organizational climate in which journalists work and the likelihood that they will have sought treatment for emotional trauma. Two hypotheses also were tested in this section. **H13** purported that journalists trained on how to cope with trauma exposure would be less likely to experience emotional trauma symptoms. **H14** anticipated that journalists trained on what to do if they experienced emotional trauma symptoms would be more likely to have sought help for emotional trauma than those without such training.

Organizational climate was measured by statements regarding the organization's communication, training and support for employees in relation to trauma. Journalists were asked to rate their level of agreement with the statements on a 5-point Likert scale with 1 = strongly disagree and 5 = strongly agree. An organizational climate construct (Cronbach's alpha = .900) was created as a broad measure to indicate responses to 11 of the organizational climate statements. The construct mean reflects the mean response to all 11 statements. *Table 6* reports the means for the construct and each of the 11 organizational climate statements used to create it.

The results showed that journalists, overall, were slightly positive about the organizational climates in which they work (M = 3.154). Journalists agreed most with the following statements: "My news organization cares about the well-being of its employees" (M = 3.659) and "Managers in my news organization are friendly and easy to approach" (M = 3.641). The journalists disagreed most with statements related to trauma training, specifically "Journalists in my news organization are trained on what to do if they experience emotional trauma symptoms" (M = 2.022) and "Journalists in my news organization are trained on how to cope with trauma exposure in their work" (M = 2.055). They were neutral regarding the statement: "Journalists in my news organization are informed that they may be exposed to trauma as part of their work" (M = 2.900). Taken together, these results suggest that journalists think they work in organizational climates in which their managers are friendly, give good advice, have confidence in those they manage, and care about the well being of their employees. But the results also show that journalists aren't informed that they may be exposed to trauma as part of their work, how to cope with that exposure or what to do if they experience trauma symptoms. Instead, journalists report trauma is not addressed in the newsroom and journalists are left on their own to figure out what to do if they suffer as a result of job-related trauma exposure.

Table 6. Organizational climate

	Mean	Std. Dev.
Organizational climate construct (n = 715) (Cronbach's alpha = .900)	3.154	0.7384
My news organization cares about the well-being of its employees. (n = 732)	3.659	1.085
Journalists in my news organization openly share information, including that related to trauma coverage. (n = 732)	3.354	1.054
Journalists in my news organization are informed that they may be exposed to trauma as part of their work. (n = 731)	2.900	1.117
Journalists in my news organization are trained on how to cope with trauma exposure in their work. (n = 732)	2.055	0.906
Journalists in my news organization are trained on what to do if they experience emotional trauma symptoms. (n = 726)	2.022	0.929
I am confident my news organization would support me if I sought treatment for work-related trauma. (n = 730)	3.510	1.124
Managers in my news organization show they have confidence in those they manage. (n = 731)	3.590	1.046
Managers in my news organization are friendly and easy to approach. (n = 732)	3.641	1.072
Managers in my news organization can be relied upon to give good guidance. (n = 731)	3.542	1.025
Managers in my news organization show an understanding of the people who work for them. (n = 729)	3.440	1.066
Managers in my news organization are always searching for new ways of addressing problems. (n = 732)	3.046	1.000

* Statements were taken from organizational climate literature and adapted to be applicable to trauma in the journalism newsroom.

RQ5 asked if there was a relationship between the organizational climate in which journalists work and the likelihood that they would experience emotional trauma symptoms. The research question was answered by a correlation between organizational climate and trauma symptoms. Symptoms were measured with the dichotomous variable used in previous hypotheses (no symptoms/symptoms). The test showed a significant negative correlation (r = -.127, p = .001) between organizational climate and the likelihood of experiencing emotional trauma symptoms. This finding suggests that journalists who perceive they work in a more supportive organizational climate report fewer trauma symptoms than journalists who perceive less support. It also suggests that journalists who perceive that they work in a less supportive organizational climate report more trauma symptoms than those who perceive more support.

RQ6 asked if there is a relationship between the organizational climate in which journalists work and whether they think it's acceptable to seek help for emotional trauma as a result of their jobs. The research question was answered by measuring the correlation between organizational climate and the help-seeking variable (reported earlier in **H11**). There was no statistically significant correlation between organizational climate and thinking it's ok to seek professional help for suffering work-related emotional trauma (r = .054, p = .148).

RQ7 asked if there is a relationship between the organizational climate in which journalists work and whether they have sought treatment for emotional trauma. The research question was answered by measuring the correlation between organizational climate and having sought help variable (reported earlier in **H12**). There was a statistically significant negative correlation between organizational climate and having

145

sought help for emotional trauma (r = -.106, p = .005). This finding suggests that journalists with more supportive organizational climates are less likely to have sought help for emotional trauma. It also suggests that journalists with less supportive organizational climates are more likely to have sought help for emotional trauma.

H13 claimed that journalists who are trained on how to cope with trauma exposure would be less likely to experience emotional trauma symptoms. This hypothesis was tested by a correlation between a training variable and the trauma symptoms variable. The training variable reads: "Journalists in my organization are trained on how to cope with trauma exposure in their work." Respondents were asked to rate their level of agreement with the statement on a 5-point Likert scale from "strongly disagree" to "strongly agree." There was a statistically significant negative correlation between training to cope with trauma exposure and trauma symptoms (r = -.123, p = .001). The finding suggests that journalists who are trained on how to cope with trauma exposure are less likely to experience emotional trauma symptoms. It also suggests that journalists who are not trained on how to cope with trauma exposure are more likely to experience trauma symptoms. *The hypothesis was supported*.

H14 purported that journalists trained on what to do if they experienced emotional trauma symptoms were more likely to have sought help for emotional trauma than those who were not. The hypothesis was tested by the correlation between a training for symptoms variable and a having sought help variable, defined previously (**RQ7**). The training for symptoms variable reads: "Journalists in my news organization are trained on what to do if they experience emotional trauma symptoms." Respondents were asked for both statements to rate their level of agreement with the statements on a

5-point Likert scale from "strongly disagree" to "strongly agree." There was no significant correlation ($r = .022$, $p = .560$) between journalists' training on what to do if they experienced emotional trauma symptoms and having sought help. *The hypothesis was not supported*.

   Results summary. This study answered three sets of research questions and hypotheses. The first set focused on trauma exposure and symptoms as a result of that exposure. To potentially suffer emotional trauma, an individual must first be exposed to a traumatic event. **RQ1** asked what percentage of journalists reported trauma exposure in their work. The data showed that 87.9% ($n = 729$) of the respondents were exposed to job-related trauma. The most common type of trauma journalists were exposed to, either directly or indirectly, in their work was sudden violent death like homicide or suicide, with nearly 71% of journalists reporting this type of exposure. More than 60% of the journalists exposed to trauma at work were exposed to fire or explosion, transportation accidents, sudden accidental deaths, or natural disaster.

   RQ2 and **RQ3** then questioned the symptoms resulting from the trauma exposure and the intensity of those symptoms. The data showed that most symptoms were present in a minority of respondents, with journalists exposed to trauma at work experiencing a variety of symptoms in the month before their survey responses. However, there was no single type of symptom that the majority of journalists experienced. "Being super alert, watchful or on guard" was the symptom journalists experienced most, with nearly 34% of respondents saying they had that symptom. The majority of journalists who responded also did not experience highly intense symptoms during the past month. "Being super alert, watchful or on guard" also was the symptom

147

journalists experienced most extremely, with just more than 5% of respondents

reporting having experienced that symptom at extreme levels during the last month.

Traits of the trauma exposure also affect the likelihood that individuals will

experience symptoms of emotional trauma. **H1** through **H7** posited about the various

types of trauma exposure represented in the literature, testing the variables against

trauma symptoms. The data supported hypotheses that journalists exposed directly,

more frequently, more regularly to large-scale, and to traumatic events that lasted more

than a day were more likely to experience emotional trauma. The second set of research

questions and hypotheses explored the relationship between journalism professionalism

and views of work-related trauma exposure. The study questioned the influence of

professionalism—especially the professional values of objectivity, detachment and

bearing witness—on how journalists would respond to trauma as a part of journalism

work. It hypothesized that journalists' sense of professionalism would impact how they

responded to trauma exposure.

Journalists displayed a moderate to strong sense of professionalism overall, with

results suggesting that they embraced a fact-based, objective reporting as part of their

professional identity. They also perceived that it is part of their job to cover events,

including traumatic ones, for the public, even if exposure to these events jeopardizes

their personal health. Journalists with stronger senses of professionalism reported that

they were more likely to have experienced work-related trauma. Further, journalists

with a stronger sense of professionalism also were found to perceive a lower likelihood

that journalists experienced emotional trauma in their work (**H8**), and journalists with a

stronger sense of professionalism were found to be less likely to have sought help for emotional trauma in the past (**H12**).

The final set of research questions and hypotheses considered how the organization in which journalists work may further exacerbate the conflict between journalists' sense of professionalism and traumatic emotions. Organizational climate, or employees' perceptions of things that happen in the workplace, is important because it may impact they way journalists respond to trauma exposure. Organizational climate affects how journalists are trained and prepared for trauma exposure, the support they receive after trauma exposure and how they respond to emotional trauma.

Results suggest there are clear and significant relationships between the organizational climates in which journalists work and how they respond to trauma exposure. Journalists, overall, had slightly positive attitudes about the organizational climates in which they work. The journalists thought their managers were friendly, gave good advice, had confidence in those they managed, and cared about the well-being of their employees. However, the journalists also were not informed that they may be exposed to trauma in their work, how to cope with that exposure or what to do if they experienced trauma symptoms. Instead, trauma is largely ignored as an issue in the newsroom and journalists were left alone to help themselves if they suffered as a result of job-related trauma exposure.

In summary, the results to the study's seven research questions and 14 hypotheses were reported in this chapter (see *Figure 2*). The results showed, generally, that the majority of journalists are exposed to a variety of trauma in their work, and up to one-third report they experience symptoms of emotional trauma (see *Table 2*). The

results also showed that the journalists' sense of professionalism and the organizational climate in which they work played a role in either alleviating or exacerbating those trauma symptoms. Eight of 14 hypotheses were supported. The next and final chapter in this study will discuss the implications of these findings, pose ideas for future research and conclude by explaining this study's contribution in the understanding of journalism and trauma.

Figure 2. Conceptual map connecting measures and results to RQs and Hypotheses

Set 1
Exposure &
Symptoms

Set 2
Professionalism

Set 3
Organizational
Climate

Exposure

Symptoms

Measured by a self-generated scale drawing from journalism normative theory and professional values in relation to trauma exposure and coverage.

Measured by a self-generated scale drawing from organizational climate theory in relation to trauma exposure and coverage

Measured by The Measure of Life Events Checklist, which screens for potentially traumatic events in a respondent's lifetime.

Measured by the PTSD Checklist, which assesses the symptoms of Post-traumatic Stress Disorder.

RQ4: Is there a difference in professionalism between journalists exposed to work-related trauma and those who have not experienced work-related trauma?

RQ5: Is there a relationship between the organizational climate in which journalists work and the likelihood that they will experience emotional trauma symptoms?

RQ1: What percentage of journalists report trauma exposure in their work? Nearly 88%.

RQ2: What trauma-related symptoms do journalists exposed to trauma at work report and what is the intensity of those symptoms?

H8: The greater journalists' sense of professionalism, the less likely they are to perceive that journalists experience emotional trauma as a result of their work. Supported.

RQ6: Is there a relationships between the organizational climate in which journalists work and whether they think it's accpetable to seek help for emotional trauma as a result of their jobs?

H1: Journalists exposed directly to traumatic happenings are more likely to experience trauma symptoms than those exposed indirectly. Supported.

RQ3: Is there a difference between intensity of trauma symptoms for those exposed to trauma at work and those who have not experienced work-realted trauma?

H9: The greater journalists' sense of professionalism, the more likely they are to believe that journalists who admit to suffering emotional trauma will receive less challenging assignments. Not supported.

RQ7: Is there a relationship between the organizational climate in which journalists work and the likelihood that they will have sought treatment for emotional trauma?

H2: The more frequently journalists are exposed to traumatic events as a part of their work, the more likely they are to experience trauma symptoms. Supported.

H5: Female journalists are more likely than their male counterparts to experience trauma symptoms. Not Supported.

H10: The greater journalists' sense of professionalism, the less likely they are to admit suffering emotional trauma. Not supported.

H13: Journalists who are trained on how to cope with trauma exposure are less likely to experience emotional trauma symptoms. Supported.

H3: Journalists exposed to large-scale traumatic events are more likely to experience trauma symptoms. Supported.

H6: Journalists who have experienced personal trauma are more likely than those without to experience trauma symptoms. Supported.

H11: The greater journalists' sense of professionalism, the more likely they are to think it's ok for journalists to seek professional help for suffering emotional trauma as a result of their jobs. Not supported.

H14: Journalists trained on what to do if they experience emotional trauma symptoms are more likely to have sought help for emotional trauma than those who are not. Not supported.

H4: Journalists exposed to a single traumatic event that lasts for more than one day at a time are more likely to experience trauma symptoms. Supported.

H7: The longer an individual works as a journalist, the more likely he or she is to experience trauma symptoms. Not supported.

H12: The greater journalists' sense of professionalism, the less likely they are to have sought help for emotional trauma. Supported.

Chapter 8: Discussion and Conclusions

Journalism and trauma still is a relatively young research area, with little academic research done on the topic until the late 1990s, following the Alfred P. Murrah Federal Building bombing in Oklahoma City (Beam & Spratt, 2009; Simpson & Cote´, 2006). Even following the bombing, most of the documented connection between journalism and trauma consisted of anecdotes in professional trade publications (Beam & Spratt, 2009). Concerns about journalists' physical and emotional harm increased in the past 15 years as media covered more school shootings, terrorist attacks and other mass tragedies, like the September 11, 2001 terror attacks (e.g., Beam & Spratt, 2009; Ricchiardi, 2001; Strupp & Cosper, 2001). While research in this area has grown, much of the information on journalism and trauma still is anecdotal and academic studies overall focus on certain types of journalists, individual traumatic events or specific newsrooms/geographic areas. Also, the research doesn't consider why journalists don't seek help for emotional trauma or what role managers and newsroom climate may play in relation to the issue of journalism and trauma. Instead the research accepts as fact that journalists simply don't seek help for emotional trauma and newsrooms don't readily provide assistance (Beam & Spratt, 2009; Simpson & Cote´, 2006).

An initial purpose of this dissertation was to extend the understanding of journalism and trauma by gathering information from a national, generalizable sample of professional journalists about the types of trauma they have experienced and the symptoms they suffered. This allowed assumptions about exposure and symptoms to be measured scientifically. With a greater understanding of the exposure types and their impact, this dissertation then began to explore the reasons for journalists' behaviors.

152

Specifically, the study measured how journalists' professionalism may play a role in their willingness to admit to suffering emotional trauma or to seek help for it, and how professionalism may affect journalists' views of work-related trauma, in general. Finally, the study tested the role of the newsroom organizational climate in preparing journalists for trauma exposure and providing them with support afterward. Professional values and organizational climate have not been connected previously to journalism in a way that begins to explain journalists' responses to trauma.

To understand the relationship among trauma, journalism, professionalism, and organizational climate, the study posed and tested seven research questions and fourteen hypotheses, grouped around the three sets of variables—exposure and symptoms, professionalism and organizational climate. A national survey of full-time professional journalists working in the United States was used to answer these questions and test these hypotheses. The sample of professional journalists was drawn from members of the Society of Professional Journalists, the Online News Association, the Radio Television Digital News Association, and from those identifying themselves as journalists on Twitter. The survey measured trauma exposure, trauma symptoms, journalism professionalism, and organizational climate. Of those asked directly to complete the survey, 829 journalists participated, for a response rate of 9.52%.

This discussion begins with a review of the study's key findings in relation to the existing research on journalism and trauma. The discussion includes implications of these findings to the journalism profession and the journalists who practice it. Limitations of the study and suggestions for further research then will be provided, followed by a conclusion.

Key research findings

Trauma exposure and symptoms. To suffer emotional trauma, an individual first must be exposed to a traumatic event. This study found that 88% of journalists were exposed to trauma in their work. The result is higher than the general population and falls near the high end of research on journalists exposed to trauma at work. About half of the United States population is exposed to trauma during their lifetime (Friedman, 2000). The range of journalists who reported exposure to traumatic events at work varied in past research studies from 50% (Backholm & Björkqvist, 2012) to 98% (Newman, Simpson & Handschuh, 2003). While the percentage of journalists who report trauma exposure varies, most journalists are exposed through their work, supporting claims that journalism is a profession prone to trauma exposure (e.g., Buchanan & Keats, 2011; Simpson & Boggs, 1999, Simpson & Coté, 2006). Journalists, like crisis workers, are in a trauma-prone profession and, like with those professions, this exposure likely cannot be avoided without them leaving the profession.

Journalists are exposed at work, indirectly or directly, to a variety of traumatic events, both small- and large-scale. Of those surveyed for this study, a large majority (71%) said they were exposed to sudden violent deaths like homicides or suicides. More than half of the journalists surveyed were exposed to transportation accidents (67%) and sudden accidental deaths (66%). These findings show that journalism work is likely to expose most reporters to severe human trauma. It also supports previous findings that journalists are likely to cover small-scale trauma that they find severely taxing (Simpson & Coté, 2006). Journalists are likely to come face-to-face with suffering of other individuals and they expect themselves, as professionals, to approach each

newsworthy event and story with objectivity and the discipline to control their responses to these events.

Frequency, severity and duration to the trauma help predict the likelihood of experiencing symptoms as a result of trauma exposure (American Psychiatric Association, 2000; Simpson & Boggs, 1999; Williams & Poijula, 200). This study found that journalists exposed more frequently to traumatic events were more likely to experience trauma symptoms. This finding supports literature claiming that multiple traumatic events have the ability to emotionally accumulate, making the potential for negative emotional responses greater (e.g., Arata, 1999; Beaton & Murphy, 1995; Breslau, Chilcoat, Kessler, & Davis, 1999; Follette, Polusny, Bechtle, & Naugle, 1996). The size of the traumatic event, how many people are injured or the severity of its outcomes, in general, also affect the likelihood that an individual will experience trauma symptoms (APA, 2013; Williams & Poijula, 2002). While Simpson and Coteˊ (2006) claimed that the scale of the traumatic happening was not overly important in relation to the response, this study found that journalists exposed more often to large-scale trauma were more likely to experience emotional trauma. This study's findings also confirmed that duration, or being exposed to a single traumatic event for more than one day, was a predictor of trauma symptoms, with those journalists exposed more frequently to traumatic events lasting more than a day reporting greater symptoms.

The 20 trauma symptoms measured in this study were present in a minority of the respondents, with percentages of respondents diagnosable with emotional trauma ranging from 7% to 30%, depending on the symptom. This finding shows that diagnosable symptoms in journalists were greater than in the general population (which

is about 8%) and in line with previous studies that found symptoms in journalists to be 7% (Dworznik, 2008) to 29% (Feinstein, Owen & Blair, 2002). Following trauma exposure at work, 0.4% to 3.8% of the journalists in this study reported extreme levels of symptoms. These data are based on symptoms journalists exposed to trauma at work experienced in the past month, but the symptoms aren't necessarily tied to work exposure and could be the result of trauma exposure in the journalists' lives outside of the workplace.

These findings show that responses to trauma are variable and extreme responses occur in a small number of journalists, but the percentage of journalists who experience diagnosable emotional trauma can be more than three times that of the general population. In addition, journalists exposed to trauma at work reported significantly greater symptoms than those not exposed at work, suggesting that job exposure either results in emotional trauma symptoms or exacerbates existing symptoms. These findings reinforce the need for awareness and recognition of emotional trauma in the newsroom (Simpson & Cote´, 2006).

Research suggests that journalists who work on the job longest are more likely to experience emotional trauma (e.g., Feinstein, 2004; Feinstein & Nicolson, 2005; Feinstein & Owen, 2002; Feinstein, Owen & Blair, 2002; Keats, 2010; Matloff, 2004; Newman, Simpson & Handschuh, 2003; Osofsky, Holloway & Pickett, 2005; Simpson & Boggs, 1999; Simpson & Cote´, 2006; Sinyor & Feinstein, 2012). This study found exactly the opposite. Journalists in this study who worked on the job longer were less likely to experience emotional trauma symptoms than those who had been journalists for less time. This may be because journalists build up a resiliency to trauma exposure,

with some individuals naturally more well-equipped to compartmentalize or emotionally process this type of happening (e.g., Brunet, Boyer, Weiss, & Marmar, 2001; Solomon, Mikulincer & Jakob, 1987; Weiss, Marmar, Metzler, & Ronfeldt, 1995). It also may suggest that the ability to cope with trauma exposure becomes greater with years of experience in journalism. It even is possible that those who have been in journalism longest are now in management positions and rarely are exposed to traumatic events because they are no longer field reporters. However, it seems more likely that journalists who choose to stay in the profession are those who are not affected, or affected as greatly, by trauma exposure. In other words, it is possible that those who stay in the industry are those who are best equipped to compartmentalize trauma exposure and journalists who cannot compartmentalize leave the profession (Beam & Spratt, 2009; Simpson & Cote´, 2006).

The results of this study suggest the journalists experience moderate to extreme trauma-related symptoms in similar percentages as other trauma-prone professions. Previous research (e.g., Feinstein, 2004; Johnson, 1999; Simpson & Cote´, 2006) labeled journalism as a trauma-prone profession, comparing journalists to those working in other high stress occupations, like emergency personnel. First responders like firefighters, police officers and emergency medical technicians report Post-traumatic Stress Disorder symptoms ranging from 6.5% (Haslam & Mallon, 2003) to 37% (Bryant & Harvey, 1995). The variation in symptoms may be the result of the types of research participants (for example, a sample of firefighters only verses one consisting of a variety of first responders), sample sizes and selection of PTSD measures (Del Ben, Scotti, Chen, & Fortson, 2006). A study of firefighters that used the

same PTSD measure (the Post-traumatic Stress Disorder Checklist) as this study, found that 8% of firefighters reported symptoms consistent with PTSD (Del Ben, Scotti, Chen, & Fortson, 2006). Journalists in this study report trauma symptoms (7% to 30%, depending on the symptom) within the range (6.5% to 37%) of those reported by emergency personnel.

Professionalism. Journalists showed a moderately strong sense of professionalism, agreeing most strongly with statements about journalists' duty to provide factual information, to be detached and objective, and to witness newsworthy events (regardless of the impact to their person). This finding reflects an adherence to journalistic professional values like public service (as watchdogs and collectors and disseminators of information), a commitment to truth, and objectivity (Breed, 1955; Deuze, 2007; Kovach & Rosenstiel, 2007). Journalists take their service role as stand-ins for the public (Kovach & Rosenstiel, 2001; Schudson, 1995) seriously, even if fulfilling that role causes them to suffer emotional trauma.

The conflict between normative journalism values and some journalists' feelings after trauma exposure appeared with journalists' somewhat agreeing that it is difficult to remain objective when covering traumatic events. This could be because journalists associate their professionalism value of objectivity with a lack of empathy for people involved in their reporting (Kovach & Rosenstiel, 2007). This objectivity often means being detached, but journalists have a difficult time practicing detachment when they are reporting about victims because they feel badly for them and what's happened to them (Simpson & Boggs, 1990; Simpson & Cote´, 2006). They also may feel guilty because the objectivity and detachment in their profession prohibits them from helping

trauma victims (e.g., Browne, Evangeli & Greenberg, 2012; Simpson & Boggs, 1990; Simpson & Coté, 2006; Strupp & Cosper, 2001).

The journalists in this study disagreed with idea that journalists have a special resiliency that allows them to do their jobs without suffering from emotional trauma after exposure to traumatic events. This finding supports the idea that journalists have no special shield to protect them or immunity to emotional pain (Simpson & Coté, 2006), but is contrary to anecdotes like one suggesting that journalists think they can remain "unscathed by endless horrors and catastrophes" (Fields, 1999, p. 16).

While journalists with a high sense of professionalism acknowledged that emotional trauma affects others in their industry, they do not think it is likely to happen to them. Those journalists with a stronger sense of professionalism were less likely to seek help for emotional trauma. Journalists with a high sense of professionalism don't see trauma as a problem in their profession. They think journalists who suffer emotional trauma symptoms should seek help and do not think those journalists will receive less challenging assignments for having done so, despite traumatized journalists' fears to the contrary (Simpson & Coté, 2006).

Organizational climate. There is a relationship between the organizational climate, or journalists' perceptions and descriptions of things that happen in the newsroom, and the likelihood that journalists will experience emotional trauma symptoms. Journalists in this study were slightly positive about the organizational climate in which they work. They think their managers are friendly, give good advice, have confidence in those they manage, and care about their employees' well-being. They also thought their organization would support them if they sought treatment for

159

work-related trauma. These findings show that journalists perceive support from their supervisors who, as actors on the organization's behalf, also reflect organizational support (Eisenberger, Huntington, Hutchison, & Sowa, 1986; Levinson, 1965)

Organizational support is critical in helping journalists effectively cope with trauma or manage exposure to traumatic events (Beam & Spratt, 2009; Keats & Buchanan, 2009). However, while journalists in this study perceived strong supervisor support, their responses didn't indicate that their organizations proactively addressed issues related to journalists' trauma exposure. The journalists showed slight disagreement that their managers informed them that they could be exposed to trauma in their work. They disagreed that their news organizations trained them on how to cope with trauma exposure or what to do if they experienced emotional trauma symptoms. These statements reflect a lack of organizational support in relation to trauma exposure. Providing support in the newsroom would mean providing journalists with an understanding that trauma exposure is a job hazard, training for how to cope with trauma exposure, an openness in discussing trauma in the workplace, and professional assistance in coping with trauma exposure (Cohen & Wills, 1985; Flannery, 1990).

The journalists in this study reported that they were not told they may be exposed to trauma as part of their work, how to cope with such exposure, or what to do if they experienced symptoms. Failure to provide employees with this type of information support makes them less prepared to recognize emotional trauma early or seek help for it (Maslach, 2003). The data suggest that most journalists in this study are left alone to figure out what to do if they suffered as a result of job-related trauma exposure. Instrumental support for journalists exposed to trauma could include

160

counseling services, debriefings, and regular professional development and training opportunities in relation to trauma exposure, coping and self-care (e.g., Beaton & Murphy, 1995; Duckworth, 1991).

Findings that journalists did not receive information related to trauma exposure were in conjunction with those that journalists trained on how to cope with trauma exposure were less likely to report trauma symptoms than those who were not trained, showing that the support journalists perceive in their organization matters. Editors and other supervisors have an ethical duty to inform journalists about the potential hazards of their jobs and train them for how to cope with those hazards (Beam & Spratt, 2009; Figley, 1995; Munroe, 1999; Sommer, 2008). Journalists who worked in a more supportive organizational climate reported fewer trauma symptoms than those who worked for less supportive organizations. Journalists with more supportive organizational climates also were less likely to have sought help for emotional trauma, suggesting this help was not needed. Recognizing that trauma exposure is widespread among journalists, and that training and support are related to less trauma-related suffering (i.e., fewer symptoms and less need for clinical assistance), the data in this study contribute to the existing scholarship asserting that management has an ethical duty to inform journalists of the potential risks and train them on how to prepare and respond to trauma exposure in their jobs.

Contributions

This dissertation extended the understanding of journalism and trauma by gathering information from the largest national sample of journalists and trauma to date, allowing assumptions about exposure and symptoms to be measured scientifically.

Testing these assumptions resulted in the finding that journalists are exposed to trauma in their work near the high end of what previously was thought, confirming the severity of this issue in journalism. This study also contributed to the understanding of the types of traumatic events journalists are exposed to and the impact of that exposure, which included the finding that journalists exposed to trauma at work report more trauma symptoms than those who are not.

Using measures from the *Diagnostic and Statistical Manual of Mental Disorders V* (APA, 2013) for this study allowed for comparisons to other trauma-prone professions, and supported previous assertions that journalists experience trauma symptoms at levels greater than the general population and at similar levels to first responders (e.g., Feinstein, 2004; Johnson, 1999; Simpson & Cote´, 2006). This is an important finding because it allows for comparisons across these professions regarding the best ways to train for trauma exposure at work and cope with negative emotional affect and it establishes that rates of post-exposure trauma suffering in journalism are similar to those in other trauma-prone professions. It also allows journalism organizations to identify models of how to address emotional trauma in the workplace.

This study also extended the understanding of journalism professionalism in relation to trauma by considering how journalists' professional identities may impact how they think about trauma in their work. This relationship, which was addressed anecdotally (e.g., Fields, 1999; Ricchiardi & Gerczynski, 1999; Sibbald, 2002; Simpson & Cote´, 2006) prior to this study, begins to explain why journalists do not seek help for emotional trauma, even when that help is offered. This study found that journalists have a moderately strong sense of professionalism and support traditional journalistic

professional values like public service, commitment to truth and objectivity. However, journalists find it difficult to remain objective when covering traumatic events. Journalists disagreed that they have a special resiliency that allows them to do their jobs without suffering emotional trauma, but those with a high sense of professionalism think emotional trauma can affect others in their industry, but not them. Overall, they don't see trauma as a problem in their profession. Taken together, this information begins to create an understanding of the professional conflict that trauma exposure and suffering creates when journalists deny that emotional trauma will happen to them and it does, challenging their views of their professionalism.

Finally, the study revealed the disconnect between journalists' thinking about their organizations and managers in relation to the potential negative impact of trauma exposure in their work. The journalists in this study perceived support from their supervisors and thought they would continue receiving this support if they sought treatment for work-related trauma exposure. However, those same managers acted on behalf of organizations that did not proactively address issues related to the potential of trauma exposure in their work, training for how to cope with trauma exposure or what to do if they experienced emotional trauma symptoms. Journalists in this study seemed to be left without organizational support or basic training to figure out what to do if they suffered as a result of job-related trauma exposure, despite findings that journalists trained on how to cope with trauma exposure were less likely to report symptoms than those who were not. Together these findings contribute to the understanding that news organizations are not providing their employees with the information and training they need to help maintain their emotional well-being while performing their job roles. This

line of inquiry extended the thinking of journalism and trauma into the realm of management, an important contribution, because managers have the greatest influence on creating and maintaining organizational climate.

Limitations

This study has several limitations that are important to recognize. First, there were limitations with the trauma exposure and symptoms measures used in this study. Trauma exposure was measured using the Measure of Life Events Checklist for DSM-5 (LEC-5), which lists 17 potentially traumatic events and asks respondents to rate the level of exposure they have experienced to each on a 6-point scale with 1 = happened to me personally, 2 = witnessed it happening to someone else, 3 = learned about it happening to a close family member or friend, 4 = exposed to it as part of your job, 5 = not sure if it fits, and 6 = does not apply. It is in this scale that a problem with the measure was identified. The first two responses clearly are direct exposure to traumatic events. Answering "learned about it happening to a close family member or friend" is indirect trauma exposure. But there is no way to tell if "exposed to it as part of your job" means the respondent was exposed directly to the event by witnessing it on the job or exposed indirectly by reading about it in official documents, hearing about it through sources, etc. Understanding more specifics about the direct or indirect nature of the work exposure journalists experienced would provide richer results. This limitation acknowledged, the LEC-5 was chosen for its fit to the study because it allows for comparisons among various occupations in previous research, and because it is the only trauma exposure measure that has been adapted to the DSM-5 (APA, 2013).

164

Trauma symptoms were measured using the PTSD Checklist for DSM-5 (PCL-5), which assesses the 20 American Psychiatric Association symptoms of Post-traumatic Stress Disorder. Participants are asked to rate their level of symptoms on a 5-point Likert scale. The PCL-5 also was chosen for this study because it is the only trauma exposure measure adapted to DSM-5. The concern with this measure was not with the scale itself, but rather the length of both the trauma exposure and symptoms portion of the survey. Taken together, these two sections of the survey (with three questions added to address trauma exposure frequency, scale and duration) consisted of 40 questions, asking respondents about more than 100 specific trauma-related scenarios. This was a time-consuming part of the survey, which also asked journalists to reflect unpleasant memories. This may be why 65 respondents stopped taking the survey after the exposure measure, not completing the symptoms-related questions, and another 76 respondents stopped taking the survey at some point during the symptoms questions, not answering the first professionalism question. This may mean that this portion of the survey was too long. However, because survey length was a concern, pre-test respondents were asked specifically to time how long it took them to complete it. The pre-test respondents reported that it took 10 to 15 minutes for the entire survey, which is an acceptable length (Wimmer & Dominick, 2006). Respondents' failure to complete the survey also may suggest that the questions in this section of the survey were emotionally taxing for them. Both of these demand characteristics, or ways the subjects react to experimental conditions (Wimmer & Dominick, 2006), may have impacted respondents' desire to complete the survey. Shorter, more specific measures should be considered in the future.

Second, the professionalism measure focused on specific dimensions of professionalism related to the problems trauma exposure can cause in journalism work. For example, the measure focused on ideals of professional objectivity and social responsibility in relation to journalists potentially putting themselves in harm's way to gather and deliver news. But, the measure did not ask about key professional values including independence, inclusivity and fairness, as not all values were applicable to this study of professionalism in relation to trauma. Therefore, the measure was not a complete account of professional ideals and was limited in describing what it means to be a professional journalist. In addition, the reliability of the construct measure of journalism professionalism was less than .70. The low reliability also can be explained to some extent by studies indicating that journalists have pluralistic values and role conceptions (Weaver, 2007) and have a difficult time articulating their values (Kovach & Rosenstiel, 2007). The low alpha also could be because this professionalism scale is an original scale being used for the first time, which frequently results in low reliability (Tull, 1973). Also, mixing professional values with trauma-related experiences in the same questions may have negatively impacted reliability.

Suggestions for future research

The study of journalism and trauma still is relatively new, as explained at the beginning of this chapter. Future research could build on this study, the only national study of journalism and trauma in relation to professionalism and organizational climate. One way future research could build on this study's findings would be to use a more precise measure of work-related trauma. This measure could be created by expanding on the categories of trauma exposure reflected in the Measure of Life Events

Checklist for DSM-5 (LEC-5). The category for work-related trauma exposure could be split to address experiencing a traumatic event as a result of work or learning indirectly about a traumatic event through work. Knowing whether work-related trauma exposure was direct or indirect would enhance the understanding of this problem.

A second way future research could build on this study's findings would be to use a stronger measure of professionalism by treating dimensions of professionalism as their own variables. This would allow the researcher to focus on elements of professionalism most relevant to the problem and measure them as different potential influences instead of grouping them together. Such an approach could yield more precise findings, indicating the relationships of various dimensions of professionalism to the study of trauma in journalism. Future researchers also should consider how job role (i.e., manager versus no management responsibilities) might impact views of professionalism and how journalists may learn values and behaviors in the newsroom through informal socialization and communities of practice.

A third way future research could build on this study's findings would be to add to the understanding of organizational climate in relation to journalism and trauma. This could be done in a variety of ways. First, organizational policies could be studied to determine how newsroom organizations address trauma and how to prepare, train and respond to it. Second, researchers could identify exemplary newsrooms where there is an awareness of trauma as a potential issue in the journalism industry, and which train and prepare their journalists for work-related trauma exposure. Best practices in communication, education, training, support, and safety climates then could be identified and shared, creating a model for managing trauma exposure in journalism

167

organizations. Third, researchers could study news managers to determine their views on trauma and journalism in an effort to discover why trauma remains unaddressed in most newsrooms. Finally, researchers could determine if journalists draw needed social support informally from their newsroom peers and other similar colleagues, instead of from their supervisors.

Summary and conclusions

Exposure to traumatic events is an almost unavoidable part of journalists' jobs. This dissertation's purpose was to calculate the prevalence of trauma exposure in journalism work from a national sample of journalists, and understand the relationships between work-related trauma exposure and symptoms. Further, the study sought to understand the roles journalism professional values and newsroom organizational climate might play in journalists' preparation for and responses to trauma exposure and, potentially, emotional trauma symptoms. To understand these issues, a survey measured journalists' exposure to trauma, symptoms as a result of that exposure, journalists' sense of professionalism, and how trauma was addressed in the organizational climate in which they work. The data resulting from this survey's responses contributed to three main areas of understanding of journalism and trauma. First, this dissertation builds on understanding of the number of journalists exposed to traumatic happenings in their work, the symptoms they experience as a result of this exposure and the intensity of those symptoms. Then, the study created a greater understanding of the conflict journalists experience between their sense of professionalism and their response to trauma exposure. Finally, the study created an understanding of the current newsroom climate in relation to trauma.

This large, national sample found that seven of eight journalists report being exposed directly or indirectly to trauma as part of their jobs. This job-related exposure matters, according to this research, with those journalists who experienced trauma at work reporting more intense trauma symptoms than those who had not. Despite this almost guaranteed exposure, few journalists seek help for emotional trauma, are trained on how to cope with trauma exposure or are given support for coping after that exposure. This support before and after trauma exposure would help journalists cope with emotions related to experiencing traumatic events and could help them avoid emotional trauma altogether. It is newsroom managers' responsibility to create supportive work environments with climates focused on education, training, communication, safety, and emotional health/well-being—none of which were present in this study, and all of which are necessary to create a more mentally healthy profession.

References

Abbott, A. (1988). *The system of professions: An essay on the division of expert labor*. Chicago: University of Chicago Press.

Abendroth, M. & Flannery, J. (2006). Predicting the risk of compassion fatigue: A study of hospice nurses. *Journal of Hospice and Palliative Nursing*, 8(6), 346-356.

Adams, R.E., Boscarino, J.A. & Figley, C.R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76(1), 103-108.

Aiken, C. (1996). Reporters are victims, too. *Nieman Reports*, 50(3), 30-34.

American Psychiatric Association Committee on Nomenclature and Statistics. (2013). *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. American Psychiatric Association. Washington, D.C.

American Psychiatric Association Committee on Nomenclature and Statistics. (2000). *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. Revised. American Psychiatric Association. Washington, D.C.

American Psychiatric Association Committee on Nomenclature and Statistics. (1994). *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. American Psychiatric Association. Washington, D.C.

American Psychiatric Association Committee on Nomenclature and Statistics. (1980). *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. American Psychiatric Association. Washington, D.C.

American Psychiatric Association Committee on Nomenclature and Statistics. (1968). *Diagnostic and Statistical Manual of Mental Disorders*, 2nd ed. American Psychiatric Association. Washington, D.C.

American Psychiatric Association Committee on Nomenclature and Statistics. (1952). *Diagnostic and Statistical Manual of Mental Disorders*, 1st ed. American Psychiatric Association. Washington, D.C.

Andreasen, N.C. (2010). Post-traumatic Stress Disorder: A history and a critique. *Annals of the New York Academy of Sciences*, 1208, 67-71.

Arata, C.M. (1999). Coping with rape: The roles of prior sexual abuse and attributions of blame. *Journal of Interpersonal Violence*, 14, 62-78.

Backholm, K. & Björkqvist, K. (2012). The mediating effect of depression between exposure to potentially traumatic events and PTSD in news journalists. *European Journal of Psychotraumatology*, 3, 1-8.

Barber, B. (1965). Some problems in the sociology of the professions. In Lynn, K.S. (Ed.), *The Professions in America* (pp. 15-34). Boston, Mass: Houghton Mifflin.

Barrett, T.W. & Mizes, J.S. (1988). Combat level and social support in the development of Post-traumatic Stress Disorder in Vietnam veterans. *Behavior Modification*, 12(1), 100-115.

Baum, N. (2004). Social work students cope with terror. *Clinical Social Work Journal*, 32(4), 395-413.

Beam, R.A. (1993). The impact of group ownership variables on organizational professionalism at daily newspapers. *Journalism Quarterly*, 70(4), 907-1993.

Beam, R.A., Brownlee, B.J., Weaver, D.H., & Di Cicco, D.T. (2009). Journalism and public service in troubled times. *Journalism Studies*, 10(6), 734-753.

Beam, R.A. & Di Cicco, D.T. (2010). When women run the newsroom: Management change, gender and the news. *Journalism & Mass Communications Quarterly*, 87(2), 393-411.

Beam, R.A. & Meeks, L. (2011). "So many stories, so little time": Economics, technology, and the changing professional environment for news work. In Lowrey, W. & Gade, P.J. (Eds.), *Changing the news: The forces shaping journalism in uncertain times* (pp. 230-248). New York, NY: Routledge.

Beam, R.A. & Spratt, M. (2009). Managing vulnerability: Job satisfaction, morale and journalists' reactions to violence and trauma. *Journalism Practice*, 3(4), 421-438.

Beam, R.A., Weaver, D.H. & Brownlee, B.J. (2009). Changes in professionalism of U.S. journalists in the turbulent twenty-first century. *Journalism and Mass Communication Quarterly*, 86(2), 277-298.

Beaton, R.D. & Murphy, S.A. (1995). Working with people in crisis: Research implications. In Figley, C.R. (Ed.), *Compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 51-81). New York, New York: Routledge.

Becker, H.S. & Carper, J. (1956). The elements of identification with an occupation. *American Sociological Review*, 21(3), 341-348.

Becker, L.B. & Vlad, T. (2011). Where professionalism begins. In Lowrey, W. & Gade, P.J. (Eds.), *Changing the news: The forces shaping journalism in uncertain times* (pp. 249-269). New York, NY: Routledge.

Biehn, T.L., Elhai, J.D., Fine, T.H., Seligman, L.D., & Richardson, J.D. PTSD factor structure differences between veterans with and without a PTSD diagnosis. *Journal of Anxiety Disorders*, 26(3), 480-485.

Bisson, J.I. & Cohen, J.A. (2006). Disseminating early interventions following trauma. *Journal of Traumatic Stress*, 19(5), 583-595.

Bootzin, R.R. (1997). Examining the theory and clinical utility of writing about emotional experiences. *Psychological Science*, 8(3), 167-169.

Borden, S. (2007). *Journalism as practice: Macintyre, virtue ethics and the press*. Burlington, VA: Ashgate Publishing Limited.

Boscarino, J. A. (1995). Post-traumatic stress and associated disorders among Vietnam Veterans: The significance of combat exposure and social support. *Journal of Traumatic Stress*, 8(2), 317-336.

Boudewyns, P.A., Woods, M.G., Hyer, L., & Albrecht, J.W. (1991). Chronic combat-related PTSD and concurrent substance abuse: Implications for treatment of this frequent "dual diagnosis." *Journal of Traumatic Stress*, 4(4), 549-560.

Breed, W. (1955). Social control in the newsroom: A functional analysis. *Social Forces*, 33(4), 326-335.

Bremner, J.D., Southwick, S.M, Darnell, A., & Charney, D.S. (1996). Chronic PTSD in Vietnam combat veterans: Course of illness and substance abuse. *American Journal of Psychiatry*, 153, 369-375.

Breslau, N. (2013). The role of trauma in drug use disorders. *Addiction*, 108, 669-670.

Breslau, N., Chilcoat, H.D., Kessler, R.C., & Davis, G.C. (1999). Previous exposure to trauma and PTSD effects of subsequent trauma: Results from the Detroit area survey of trauma. *American Journal of Psychiatry*, 156, 902-907.

Breslau, N., Davis, G.C., Peterson, E.L., & Shultz, L. (1997). Psychiatric sequelae of Post-traumatic Stress Disorder in women. *Archives of General Psychiatry*, 54(1), 81-87.

Breslau, N. Davis, G.C. & Schultz, L.R. (2003). Post-traumatic Stress Disorder and the incidence of nicotine, alcohol and other drug disorders in persons who have experienced trauma. *Archives of General Psychiatry*, 60, 289-294.

172

Brewerton, T.D. (2007). Eating disorders, trauma and comorbidity: Focus on PTSD. *Eating Disorders*, 15, 285-304.

Bride, B.E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52(1), 63-70.

Brown, J., Fielding, J. & Grover, J. (1999). Distinguishing traumatic, vicarious and routine operational stressor exposure and attendant adverse consequences in a sample of police officers. *Work & Stress*, 13(4), 312-325.

Brown, S. & Leigh, T.W. (1996). A new look at psychological climate and its relationship to job involvement, effort and performance. *Journal of Applied Psychology*, 81, 358-368.

Browne, T., Evangeli, M. & Greenberg, N. (2012). Trauma-related guilt and post-traumatic stress among journalists, *Journal of Traumatic Stress*, 25, 207-210.

Brunet, A., Boyer, R., Weiss, D.S., & Marmar, C.R. (2001). The effects of initial trauma exposure on the symptomatic response to subsequent trauma. *Canadian Journal of Behaviorial Science*, 33(2), 97-102.

Bryant, R. & Harvey, A. (1995). Post-traumatic stress in volunteer firefighters: Predictors of distress. *Journal of Nervous and Mental Disease*, 183, 267-271.

Burgoon, J.K., Burgoon, M., Buller, D.B., & Atkin, C.K. (1987). Communication practices of journalists: Interaction with public, other journalists. *Journalism Quarterly*, 64, 125-132, 275.

Callan, V.J. (1993). Subordinate-manager communication in different sex dyads: Consequences for job satisfaction. *Journal of Occupational and Organisational Psychology*, 66, 13-27.

Callaway-Russo, T. (1998). Organizational and professional identification: A case of newspaper journalists. *Management Communications Quarterly*, 12, 72-111.

Carroll, E.M., Rueger, D.B., Foy, D.W., & Donahoe, C.P. (1985). Vietnam combat veterans with Post-traumatic Stress Disorder: Analysis of marital and cohabitating adjustment. *Journal of Abnormal Psychology*, 94(3), 329-337.

Catherall, D.R. (1999). Coping with Secondary Traumatic Stress: The importance of the therapist's professional peer group. In Stamm, B.H. (Ed.), *Secondary Traumatic Stress: Self-care issues for clinicians, researchers and educators* (pp. 80-92). Baltimore, MD: The Sidran Press.

Chrestman, K.R. (1999). Secondary exposure to trauma and self reported distress among therapists. In Stamm, B.H. (Ed.), *Secondary Traumatic Stress: Self-care issues for clinicians, researchers and educators* (pp. 29-36). Baltimore, MD: The Sidran Press.

Christians, C.G., Ferré, J.P. & Fackler, P.M. (1993). *Good news: Social ethics and the press*. New York, NY: Oxford University Press.

Cohen, S. & Wills, T.A. (1985). Stress, social support and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357.

Colarossi, L., Heyman, J. & Phillips, M. (2005). Social workers' experiences of the world trade center disaster: Stressors and their relationship to symptom types. *Community Mental Health Journal*, 41(2), 185-198.

Collins, S. & Long, D.P. (2003). Working with the psychological effects of trauma: Consequences for mental health-care workers—a literature review. *Journal of Psychiatric and Mental Health Nursing*, 10, 417-424.

Commission on Freedom of the Press. (1947). *A free and responsible press*. Chicago, IL: Chicago University Press.

Cook, J.D. & Bickman, L. (1990). Social support and psychological symptomatology following a natural disaster. *Journal of Traumatic Stress*, 3(4), 541-556.

Creamer, T.L. & Liddle, B.J. (2005). Secondary traumatic stress among disaster mental health workers responding to the September 11 attacks. *Journal of Traumatic Stress*, 18(1), 89-96.

Dart Center for Journalism and Trauma (nd). History. Retrieved from http://dartcenter.org/history.

Day, D.V. & Bedeian, A.G. (1991). Predicting job performance across organizations: The interaction of work orientation and psychological climate. *Journal of Management*, 17, 589-600.

Del Ben, K.S., Scotti, J.R., Chen, Y., & Fortson, B.L. (2006). Prevalence of Post-traumatic Stress Disorder symptoms in firefighters. *Work & Stress*, 20(1), 37-48.

Deuze, M. (2005). What is journalism? Professional identity and ideology of journalists reconsidered. *Journalism*, 6(4), 442-464.

Deuze, M. (2007). *Media Work*. Massachusetts: Polity Press.

Dillman, D.A., Smyth, J.D. & Christian, L.M. (2010). *Internet, mail, and mixed-mode surveys: The tailored design method*. Hoboken: John Wiley and Sons.

Drucker, P. F. (2006). *The effective executive: The definitive guide to getting the right things done*. New York: HarperCollins.

Drucker, P.F. (2010). *The Drucker lectures: Essential lessons on management, society and economy*. Ed. R. Wartzman. New York: McGraw-Hill.

Drucker, P.F. (1995). *Managing in a Time of Great Change*. New York: Routledge.

Duckworth, D. (1991). Information requirements for crisis intervention in disaster work. *Stress Medicine*, 7, 19-24.

Dunkley, J. & Whelan, T.A. (2006). Vicarious traumatisation: current status and future directions. *British Journal of Guidance & Counseling*, 34(1), 107-116.

Dunning, C.M. & Silva, M.N. (1980). Disaster-induced trauma in rescue workers. *Victimology*, 5, 287-297.

Durham, T.W., McCammon, S.L. & Allison, E.J., Jr. (1985). The psychological impact of disaster on rescue personnel. *Annual of Emergency Medicine*, 14(7), 664-668.

Dworznik, G. (2008). The psychology of local news: Compassion fatigue and post-traumatic stress in broadcast reporters, photographers and life truck engineers. (Doctoral dissertation). Kent State University, Ohio.

Dworznik, G. & Grubb, M. (2007). Preparing for the worst: Making a case for trauma training in the journalism classroom. *Journalism & Mass Communication Educator*, 62(2), 190-210.

Eisenberger, R., Huntington, R., Hutchison, S. & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71(3), 500-507.

Eisenberger, R., Stinglhamber, F., Vandenberghe, C., Sucharski, I., & Rhoades, L. (2002). Perceived supervisor support: Contributions to perceived organizational support and employee retention. *Journal of Applied Psychology*, 87, 565-573.

Eriksson, C.B., Vande Kemp, H., Gorsuch, R., Hoke, S., & Foy, D.W. (2001). Trauma exposure and PTSD symptoms in international relief and development personnel. *Journal of Traumatic Stress*, 14(1), 205-212.

Fan, W. & Yan, Z. (2010). Factors affecting response rates of the web survey: A systematic review. *Computers in Human Behavior*, 26, 132-139.

Feinstein, A. (2004) The psychological hazards of war journalism. *Nieman Reports*, 58(2), 75-76.

Feinstein, A. & Nicolson, D. (2005). Embedded journalists in the Iraq war: Are they at greater psychological risk? *Journal of Traumatic Stress*, 18(2). 129-205.

Feinstein, A. & Owen, J. (2002). War photographers and stress. *Columbia Journalism Review*, 41(2), 51.

Feinstein, A., Owen, J. & Blair, N. (2002). A hazardous profession: War, journalists and psychopathology. *American Journal of Psychiatry*, 159(9), 1570-1575.

Fenlason, K.J. & Beehr, T.A. (1994). Social support and occupational stress: Effects of talking to others. *Journal of Organizational Behavior*, 15(2), 157-175.

Fields, T. (1999). Facing the feelings: In the rush to move ahead, journalists often fail to deal with the personal effects of traumatic coverage. *Quill*, 87(9), 16.

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In Figley, C.R. (Ed.), *Compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). New York, New York: Routledge.

Flannery, Jr., R. B. (1990). Social support and psychological trauma: A methodological review. *Journal of Traumatic Stress*, 3(4), 593-611.

Fleming, R., Baum, A., Gisriel, M.M. & Gatchel, R.J. (1982). Mediating influences of social support on stress at Three Mile Island. *Journal of Human Stress*, 8, 14-22.

Follette, V., Palm, K.M. & Pearson, A.N. (2006). Mindfulness and trauma: Implications for treatment. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 24(1), 45-61.

Follette, V.M., Polusny, M.A., Bechtle, A.E., & Naugle, A.E. (1996). Cumulative trauma: The impact of child sexual abuse, adult sexual abuse and spouse abuse. *Journal of Traumatic Stress*, 9, 25-35.

Freidson, E. (1984). The changing nature of professional control. *Annual Review of Sociology*, 10, 1-20.

Friedman, M.J. (2000). *Post-Traumatic Stress Disorder: The latest assessment and treatment strategies*. Kansas City: Compact Clinicals.

Frienkel, A., Koopman, C. & Spiegel, D. (1994, September). Dissociative symptoms in media eyewitnesses of an execution. *American Journal of Psychiatry*, 151(9), 1335-1339.

Fu, S.S., McFall, M., Saxon, A.J., Beckham, J.C., Carmody, T.P., Baker, D.G., & Joseph, A.M. (2007). Post-traumatic Stress Disorder and smoking: A systematic review. *Nicotine & Tobacco Research*, 9(11), 1071-1084.

Gade, P.J. (2004). Newspapers and organizational development: Management and journalist perceptions of newsroom cultural change. *Journalism & Communication Monographs*, 6(1), 3-55.

Gade, P. J. (2011). Postmodernism, uncertainty, and journalism. In W. Lowrey & P. Gade (Eds.), *Changing the news: The forces shaping journalism in uncertain times*. New York, NY: Routledge.

Gade, P.J. & Lowrey, W. (2011). Postmodernism, uncertainty and journalism. In Lowrey, W. & Gade, P.J. (Eds.), *Changing the news: The forces shaping journalism in uncertain times* (pp. 63-82). New York, NY: Routledge.

Gade, P.J. & Lowrey, W. (2011). Reshaping the journalistic culture. In Lowrey, W. & Gade, P.J. (Eds.), *Changing the news: The forces shaping journalism in uncertain times* (pp. 22-42). New York, NY: Routledge.

Gade, P.J. & Perry, E.L. (2003). Changing the newsroom culture: A four-year case study of organizational development at the St. Louis Post-Dispatch. *Journalism & Mass Communication Quarterly*, 80(2), 327-347.

Gans, H. (1979). *Deciding what's news*. New York: Random House.

Gattiker, U.E., (1995). Firm and taxpayer returns from training of semiskilled employees. *Academy of Management Journal*, 38, 1152-1173.

Germer, F. (1995). When tragedy hits home. *American Journalism Review*, 17(5), 41.

Gouldner, A.W. (1960). The norm of reciprocity: A preliminary statement. *American Sociological Review*, 25 161-178.

Gray, M.J., Litz, B.T., Hsu, J.L., & Lombardo, T.W. (2004). Psychometric properties of the Life Events Checklist. *Assessment*, 11(4), 330-341.

Green, M.A. and Berlin, M.A. (1987). Five psychosocial variables related to the existence of Post-traumatic Stress Disorder symptoms. *Journal of Clinical Psychology*, 43(6), 643-649.

Greenberg, J. (1990). Organizational justice: Yesterday, today and tomorrow. *Journal of Management*, 16, 399-432.

Greenhouse, L. (2012). Challenging 'He said, she said' journalism. *Nieman Reports*, 66(2), 21-24.

Greenwood, E. (1957). Attributes of a profession. *Social Work*, 2(3), 45-55.

Greller, M.M. & Herold, D.M. (1975). Sources of feedback: A preliminary investigation. *Organizational Behavior and Human Performance*, 13, 244-256.

Gross, J.J. & Levenson, R.W. (1997). Hiding feelings: The acute effects of inhibiting negative and positive emotion. *Journal of Abnormal Psychology*, 106(1), 95-103.

Guest, D. (1998). Is the psychological contract worth taking seriously? *Journal of Organizational Behavior*, 19, 649-664.

Handschuh, D. (2006). A lens on life and death. *Read*, 56(2) 16-21.

Haslam, C. & Mallon, K. (2003). A preliminary investigation of post-traumatic stress symptoms among firefighters. *Work & Stress*, 17, 277-285.

Hassija, C.M. & Gray, M.J. (2012). Negative social reactions to assault disclosure as a mediator between self-blame and post-traumatic stress symptoms among survivors of interpersonal assault. *Journal of Interpersonal Violence*, 27(17), 3425-3441.

Hollifield, A. (2011). Changing perceptions of organizations. In Lowrey, W. & Gade, P.J. (Eds.), *Changing the news: The forces shaping journalism in uncertain times* (pp. 193-212). New York, NY: Routledge.

Horowitz, M.J. (1983). Post-traumatic stress disorders. *Behavioral Sciences and the Law*, 1(3), 9-23.

Hughes, E.C. (1965). Professions. In Lynn, K.S. (Ed.), *The Professions in America* (pp. 1-14). Boston, Mass: Houghton Mifflin.

Hussain, A., Weisaeth, L. & Heir, T. (2011). Psychiatric disorders and functional impairment among disaster victims after exposure to a natural disaster: A population based study. *Journal of Affective Disorders*, 128, 135-141.

Jacobsen, L.K, Southwick, S.M. & Kosten, T.R. (2001). Substance use disorders in patients with Post-traumatic Stress Disorder: A review of the literature. *The American Journal of Psychiatry*, 158(8), 1184-1190.

James, L.R. & Jones, A.P. (1980). Perceived job characteristics and job satisfaction: An examination of reciprocal causation. *Personnel Psychology*, 33, 97-135.

Johnson, M. (1999). Aftershock: Journalists and trauma. *Quill*, 87(9), 14-18.

Joinson, C. (1992). Coping with compassion fatigue. *Nursing*, 22(4), 116-120.

Kaniasty, K. (2005). Social support and traumatic stress. *PTSD Research Quarterly*, 16(2), 1-8.

Karekla, M., Forsyth, J.P. & Kelly, M.M. (2004). Emotional avoidance and panicogenic responding to a biological challenge procedure. *Behavior Therapy*, 35, 725-746.

Keane, T.M., Scott, W.O., Chavoya, G.A., Lamparski, D.M., and Fairbank, J.A. (1985). Social support in Vietnam veterans with posttraumatic stress disorder: A comparative analysis. *Journal of Consulting and Clinical Psychology*, 53(1), 95-102.

Keats, P.A. (2010). The moment is frozen in time: Photojournalists' metaphors in describing trauma photography. *Journal of Constructivist Psychology*, 23, 231-255.

Keats, P. & Buchanan, M. (2009). Addressing the effects of assignment stress injury: Canadian journalists' and photojournalists' recommendations. *Journalism Practice*, 3(20), 162-177.

King, D.W., King, L.A. & Foy, D.W. (1996). Prewar factors in combat-related Post-traumatic Stress Disorder: Structural equation modeling with a national sample of female and male Vietnam veterans. *Journal of Consulting & Clinical Psychology*, 64, 520-531.

Kobasa, S.C. (1979). Stressful life events, personality and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, 37(1), 1-11.

Koenen, K.C., Gregory, A., Moffitt, T.E., Caspi, A., Harrington, H., & Roulton, R. (2008). The development of mental-disorder histories of adults with Post-traumatic Stress Disorder: A prospective longitudinal birth cohort study. *Journal of Abnormal Psychology*, 117(2), 460-466.

Kottke, J.L. & Sharafinski, C.E. (1988). Measuring perceived supervisory and organizational support. *Journal of Educational and Psychological Measurement*, 48, 1075-1079.

Kovach, B. & Rosenstiel, T. (2007). *The elements of journalism: What news people should know and the public should expect*. New York: Three Rivers Press.

Krantz, D.S., Grunberg, N.E. & Baum, A. (1985). Health Psychology. *Annual Review of Psychology*, 36, 349-383.

LaFauci Schutt, J.M. & Marotta, S.A. (2011). Personal and environmental predictors of post-traumatic stress in emergency management professionals. *Psychological Trauma Theory, Research, Practice, and Policy*. 3(1), 8-17.

Langer, E.J. & Moldoveanu, M. (2000). The construct of mindfulness. *Journal of Social Issues*, 56(1), 1-9.

Lasiuk, G.C. & Hegadoren, K.M. (2006). Post-traumatic Stress Disorder Part 1: Historical development of the concept. *Perspectives in Psychiatric Care*, 42(1), 13-20.

Lavy, E.H. & van den Hout, M.A. (1994). Cognitive avoidance and intentional bias: Causal relationships. *Cognitive Therapy and Research*, 18(2), 179-191.

Lefcourt, H.M., Martin, R.A. & Saleh, W.E. (1984). Locus of control and social support: Interactive moderators of stress. *Journal of Personality and Social Psychology*, 47(2), 378-389.

Levinson, H. (1965). Reciprocation: The relationship between man and organization. *Administrative Science Quarterly*, 9, 370-390.

Liem, R. & Liem, J. (1978). Social class and mental illness reconsidered: The role of economic stress and social support. *Journal of Health and Social Behavior*, 19, 139-156.

Linville, P.W. (1987). Self-complexity as a cognitive buffer against stress-related illness and depression. *Journal of Personality and Social Psychology*, 52(4), 663-676.

Lynn, K.S. (1965). *The professions in America*. Boston, Mass: Houghton Mifflin.

Marais, A. & Stuart, A.D. (2005). The role of temperament in the development of Post-traumatic Stress Disorder amongst journalist. *South African Journal of Psychology*, 35(1), 89-105.

Maslach, C. (2003). *Burnout: The Cost of Caring*. Los Altos, CA: ISHK.

Matloff, J. (2004). Scathing Memory: Journalism finally faces up to the psychic costs of war reporting. *Columbia Journalism Review*, 43(4), 19-21.

Maxson, J. (2000). Training journalism students to deal with trauma. *Journalism and Mass Communication Educator*, 55(1), 79-86.

McCann, I.L. & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149.

McDevitt, M., Gassaway, B.M. & Perez, F.G. (2002). The making and unmaking of civic journalists: Influences of professional socialization. *Journalism & Mass Communication Quarterly*, 79(1), 87-100.

McMahon, C. (2001). Covering disaster: A pilot study into secondary trauma for print media journalists reporting on disaster. *Australian Journal of Emergency Management*, 16, 52-56.

Merrill, J.C. (1974). *The imperative freedom: A philosophy of journalistic autonomy*. New York, NY: Hastings House.

Merrill, J.C. (1989). *The dialectic in journalism: Toward a responsible use of press freedom*. Baton Rouge, LO: Louisiana State University Press.

Merrill, J.C., Gade, P.J. & Blevens, F.R. (2001). *Twilight of press freedom: The rise of people's journalism*. Mawah, NJ: Lawrence Erlbaum Associates, Inc.

Miller, K.I., Stiff, J.B. & Ellis, B.H. (1988). Communication and empathy as precursors to burnout among human service workers. *Communication Monographs*, 55, 250-265.

Mindich, D. T. Z. (1998). *Just the facts*. New York, NY: New York University Press.

Mitchell, K.S., Mazzeo, S.E., Schlesinger, M.R., Brewerton, T.D., & Smith, B.N. (2012). Comorbidity of partial and subthreshold PTSD among men and women with eating disorders in the comorbidity survey-replication study. *International Journal of Eating Disorders*, 45, 307-315.

Morrow, C.C., Jarrett, M.Q. & Rupinski, M.T., (1997). An investigation of the effect and economic utility of corporate-wide training. *Personnel Psychology*, 50, 91-119.

Munroe, J.F. (1999). Ethical issues associated with secondary trauma in therapists. In Stamm, B.H. (Ed.), *Secondary Traumatic Stress: Self-care issues for clinicians, researchers and educators* (pp. 211-229). Baltimore, MD: The Sidran Press.

Murphy, S.A. (1988). Mediating effects of intrapersonal and social support on mental health one and three years after a natural disaster. *Journal of Traumatic Stress*, 1(2), 155-172.

Neumann, D.A. & Gamble, S.J. (1995). Issues in the professional development of psychotherapists: Countertransference and vicarious traumatization in the new trauma therapist. *Psychotherapy*, 32(2), 341-347.

Newman, E., Simpson, R. & Handschuh, D. (2003). Trauma exposure and Post-traumatic Stress Disorder among photojournalists. *Visual Communication Quarterly*, 58(1), 4-13.

North, C.S., Tivis, L., McMillen, J.C., Pfefferbaum, B., Cox, J., Spitznagel, E.L., Bunch, K., Schorr, J., & Smith, E.M. (2002). Coping, functioning and adjustment of rescue workers after the Oklahoma City bombing. *Journal of Traumatic Stress*, 15(3), 171-175.

Ochberg, F.M. (1991). Post-traumatic therapy. Psychotherapy, 28(1), 5-15.

Ochberg, F.M. (1996). A primer on covering victims. *Nieman Reports*, 50, 21-27.

Online News Association. (2015). About ONA. Retrieved from http://www.journalists.org/about/.

Osofsky, H.J., Holloway, H. & Pickett, A. (2005). War correspondents as responders: Considerations for training and clinical services. *Psychiatry*, 68(3), 283-293.

Overholser, G. (2004). Good journalism and business: An industry perspective. *Newspaper Research Journal*, 25(1), 8-17.

Patterson, M.G., West, M.A., Shackleton, V.J., Dawson, J.F., Lawthom, R., Maitlis, S., Robinson, D.L., & Wallace, A.M. (2005). Validating the organizational climate measure: links to managerial practices, productivity and innovation. *Journal of Organizational Behavior*, 26, 379-408.

Pearlman, L.A. (1999). Self-care for trauma therapists: Ameliorating vicarious traumatization. In Stamm, B.H. (Ed.), *Secondary Traumatic Stress: Self-care issues for clinicians, researchers and educators* (pp. 51-64). Baltimore, MD: The Sidran Press.

Pennebaker, J.W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8(3), 162-166.

Perron, B.E. & Hiltz, B.S. (2006). Burnout and secondary trauma among forensic interviewers of abused children. *Child and Adolescent Social Work Journal*, 23(2), 216-234.

Pyevich, C.M., Newman, E. & Daleiden, E. (2003). The relationship among cognitive schemas, job-related traumatic exposure and Post-traumatic Stress Disorder in journalists. *Journal of Traumatic Stress*, 16(4), 325-328.

Radio Television Digital News Association. (2015). About RTDNA. Retrieved from http://www.rtdna.org/content/about_rtdna#.VPiDqlPF9NE.

Remer, R. & Ferguson, R.A. (1995). Becoming a secondary survivor of sexual assault. *Journal of Counseling & Development*, 73, 407-413.

Rhoades, L. & Eisenberger, R. (2002). Perceived organizational support: A review of literature. *Journal of Applied Psychology*, 4, 698-714.

Ricchiardi, S. (2001). After the adrenaline. *American Journalism Review*, 23(9), 34-40.

Ricchiardi, S. & Gerczynski, T. (1999). Confronting the horror. *American Journalism Review*, 21(1), 34-40.

Riggs, K.S. (2008). *1-on-1 management: What every great manager knows that you don't*. Texas: The P3 Press.

Robinson, S.L. & Rousseau, D.M. (1994). Violating the psychological contract: Not the exception but the norm. *Journal of Organizational Behavior*, 15, 245-259.

Rosenbloom, D.J., Pratt, A.C. & Pearlman, L.A. (1999). Helpers' responses to trauma work: Understanding and intervening in an organization. In Stamm, B.H. (Ed.), *Secondary Traumatic Stress: Self-care issues for clinicians, researchers and educators* (pp. 65-79). Baltimore, MD: The Sidran Press.

Sarason, I.G., Sarason, B.R., Potter, E.H., & Antoni, M.H. (1985). Life events, social support and illness. *Psychosomatic Medicine*, 47(2), 156-163.

Schein, E.H. (1983). The role of the founder in creating organizational cutlure. *Organizational Dynamics*, 12, 13-28.

Schein, E.H. (1985). *Organizational culture and leadership: A dynamic view*. San Francisco, CA: Jossey-Bass.

Schein, E.H. (1996). Culture: The missing concept in organizational studies. *Administrative Science Quarterly*, 41, 229-240.

Schein, E.H. (2003). The culture of media as viewed from an organizational culture perspective. *The International Journal of Media Management*, 5(3), 171-172.

Schneider, B., Brief, A. & Guzzo, R. (1996). Creating a climate and culture for sustainable organizational change. *Organizational Dynamics*, 7-19.

Schnider, K.R., Elhai, J.D. & Gray, M.J. (2007). Coping style use predicts post-traumatic stress and complicated grief symptom severity among college students reporting a traumatic loss. *Journal of Counseling Psychology*, 54(3), 344-350.

Schudson, M. (2003). *The sociology of news*. New York, NY: Norton and Company.

Schudson, M. (2013). Fourteen or fifteen generations: News as a cultural form and journalism as historical formation. *American Journalism*, 30(1), 29-35.

Schudson, M. & Tifft, S. (2005). American journalism in historical perspective. In G. Overholser & K. Hall Jamieson (Eds.), *The press* (pp. 17-47).

Shanock, L.R. & Eisenberger, R. (2006). When supervisors feel supported: Relationships with subordinates' perceived supervisor support, perceived organizational support, and performance. *Journal of Applied Psychology*, 91(3), 689-695.

Shoemaker, P.J. & Reese, S.D. (1996). *Mediating the message: Theories of influences on mass media content*. New York: Longman.

Shoemaker, P.J. & Reese, S.D. (2014). *Mediating the message in the 21st Century: A media sociology perspective*. New York: Routledge.

Showers, C., Zeigler-Hill, V. & Limke, A. (2006). Self-structure and childhood maltreatment: successful compartmentalization and the struggle of integration. *Journal of Social and Clinical Psychology*, 25(5), 473-507.

Sibbald, B. (2002). Post-traumatic stress an occupational hazard for journalists. *Canadian Medical Association Journal*, 166(13), 1704.

Siebert, F. (1956). The libertarian theory of the press. In F. Siebert, T. Peterson & W. Schramm (Eds.), *Four theories of the press*. Urbana, IL: University of Illinois Press.

Siebert, F., Peterson, W. & Schramm, W. (1956). *Four theories of the press*. Urbana: University of Illinois Press.

Simpson, R. & Boggs, J. (1999). An exploratory study of traumatic stress among newspaper journalists. *Journalism & Communication Monographs*, 1, 1-26.

Simpson, R. & Coteˊ, W. (2006). *Covering Violence: A guide to ethical reporting about victims and trauma*. (second edition). New York: Columbia University Press.

Singer, J. (2011). Journalism and digital technologies. In W. Lowrey & P. Gade (Eds.), *Changing the news: The forces shaping journalism in uncertain times*. New York, NY: Routledge.

Sinyor, M. & Feinstein, A. (2012). War, journalism and psychopathology: Does gender play a role? *Traumatology*, 18(1), 29-36.

Smith, B.W., Ortiz, J.A., Steffen, L.E., Tooley, E.M., Wiggins, K.T., Yeater, E.A., Montoya, J.D., & Bernard, M.L. (2011). Mindfulness is associated with fewer PTSD symptoms, depressive symptoms, physical symptoms, and alcohol problems in urban firefighters. *Journal of Consulting and Clinical Psychology*, 79(5), 613-617.

Society of Professional Journalists. (2015). About SPJ. Retrieved from http://www.spj.org/aboutspj.asp.

Solomon, Z. & Mikulincer, M. (1990). Life events and combat-related posttraumatic stress disorder: The intervening role of locus of control and social support. *Military Psychology*, 2(4), 241-256.

Solomon, Z., Mukulincer, M. & Jakob, B.R. (1987). Exposure to recurrent combat stress: Combat stress reactions among Israeli soldiers in the Lebanon war. *Psychological Medicine*, 17, 433-440.

Solomon, Z., Mikulincer, M. and Waysman, M. (1991). Delayed and immediate onset posttraumatic stress disorder: The role of life events and social resources. *Journal of Community Psychology*, 19, 231-236.

Sommer, C.A. (2008). Vicarious traumatization, trauma-sensitive supervision and counselor preparation. *Counselor Education & Supervision*, 48, 61-71.

Stamm, B.H. (1997). Work-related secondary traumatic stress. *PTSD Research Quarterly*, 8(2), 1-6.

Stamm, B.H. (1999). *Secondary Traumatic Stress: Self-care issues for clinicians, researchers and educators*. Baltimore, MD: The Sidran Press.

Stephens, C. & Long, N. (2000). Communication with police supervisors and peers as a buffer of work-related traumatic stress. *Journal of Organizational Behavior*, 21, 407-424.

Stewart, S.H. (1996). Alcohol abuse in individuals exposed to trauma: A critical review. *Psychological Bulletin*, 120(1), 83-112.

Strupp, J. & Cosper, D. (2001). Dealing with disaster. *Editor & Publisher*, 134(37), 10-15.

Sylvie, G. (2011). The call and challenge for diversity. In Lowrey, W. & Gade, P.J. (Eds.), *Changing the news: The forces shaping journalism in uncertain times* (pp. 83-101). New York, NY: Routledge.

Sylvie, G. & Moon, S.J. (2007). Framing change: Who's in charge in the newsroom. In Achtenhagen, L. (ed.). *Organizing Media: Mastering the challenges of organizational change*. JIBS Research Reporters 2007 (1), 147-162. Jonkoping, Sweden: Jonkoping International Business School.

Symonds, M. (2010). The "second injury" to victims of violent acts. *The American Journal of Psychoanalysis*, 70(1), 34-41.

Thoits, P.A. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology*, 54(4), 416-423.

Timmermans, S. (2008). Professions and their work: Do market shelters protect professional interests? *Work and Occupations*, 35, 164-188.

Tolin, D.F. & Foa, E.B. (2006). Sex differences in trauma and Post-traumatic Stress Disorder: A quantitative review of 25 years of research. *Psychological Bulletin*, 132(6), 959-992.

Tuchman, G. (1978). *Making news: A study in the construction of reality*. New York: The Free Press.

Tull, D.S. (1973). Survey research: A decisional approach. New York, NY: Intext Press.

Tunstall, J. (1971). *Journalists at work*. Beverly Hills, CA: Sage Publications.

Valent, P. (1995). Survival strategies: A framework for understanding secondary traumatic stress and coping in helpers. In Figley, C.R. (Ed.), *Compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 21-50). New York, NY: Routledge.

Vernon, L.L., Dillon, J.M. & Steiner, A.R.W. Proactive coping, gratitude and Post-traumatic Stress Disorder in college women. *Anxiety, Stress & Coping*, 22(1), 117-128.

Wallston, B.S., Alagna, S.W., DeVellis, B.M. & DeVellis, R.F. (1983). Social support and physical health. *Health Psychology*, 2(4), 367-391.

Weathers, F.W., Blake, D.D., Schnurr, P.P., Kaloupek, D.G., Marx, B.P., & Keane, T.M. (2013). Life Events Checklist for DSM-5 (LEC-5). *National Center for PTSD*. Retrieved from http://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp.

Weathers, F.W., Marx, B.P., Friedman, M.J., & Schnurr, P.P. (2014). Post-traumatic Stress Disorder in DSM-5: New criteria, new measures, and implications for assessment. *Psychological Injury and Law*, 7, 93-107.

Weaver, D.H. (2007). The American journalist in the 21st century: U.S. news people at the dawn of a new millennium. Mahwah, NJ: Lawrence Erlbaum Associates.

Weaver, D.H. & Wilhoit, G.D. (1986). *The American Journalist*. Bloomington, IN: Indiana University Press.

Wegner, D.M. & Zanakos, S. (1994). Chronic thought suppression. *Journal of Personality*, 62(4), 615-640.

Weiss, D.S., Marmar, C.R., Metzler, T.J., & Ronfeldt, H.M. (1995). Predicting symptomatic distress in emergency service personnel. *Journal of Consulting and Clinical Psychology*, 63, 361-368.

Wilensky, H. L. (1964). The professionalization of everyone. *American Journal of Sociology*, 70(2), 137-158.

Williams, M.B. & Poijula, S. (2002). *The PTSD workbook*. Oakland, CA: New Harbinger Publications.

Wimmer, R.D. & Dominick, J.R. (2011). *Mass Media Research: An introduction*, 9th ed. Belmont, CA: Thompson Wadsworth.

Young, N. (2011). Dealing with trauma begins in school. *Quill*, 99(3), 16.

Default Block

Online Consent to Participate in Research

Would you like to be involved in research at the University of Oklahoma?
I am Kenna Griffin from the Gaylord College of Journalism and Mass Communication and I invite you to participate in my research project entitled A Conflict in Journalism: Understanding Emotional Trauma in the Newsroom. This research is being conducted through the Norman, Okla., campus. You were selected as a possible participant because you work as a professional journalist in the United States. You must be at least 18 years of age to participate in this study.
Please read this document and contact me to ask any questions that you may have BEFORE agreeing to take part in my research.
What is the purpose of this research? The purpose of this research is to understand how journalists and news organizations respond to work-related trauma exposure.
How many participants will be in this research? About 2,500 professional journalists will take part in this research.
What will I be asked to do? If you agree to participate in this research, you will be asked to complete an online survey. The survey asks you questions about your exposure to traumatic events, trauma symptoms, views of journalism professionalism, and available workplace resources.
How long will this take? Your participation will take 10 minutes.
What are the risks and/or benefits if I participate? There are minimal risks associated with this study in that it asks you to recall exposure to traumatic events and your response.

Will I be compensated for participating? You will not be reimbursed for your time and participation in this research.
Who will see my information? In research reports, there will be no information that will make it possible to identify you. Research records will be stored securely and only approved researchers and the OU Institution Review Board will have access to the records.
Do I have to participate? No. If you do not participate, you will not be penalized or lose benefits or services unrelated to the research. If you decide to participate, you don't have to answer any question and can stop participating at any time.
Who do I contact with questions, concerns or complaints? If you have questions, concerns or

complaints about the research or have experienced a research-related injury, contact me at Kenna.R. Griffin-1@ou.edu or my adviser, Dr. Peter J. Gade, at (405) 325-5528 or pgade@ou.edu.

You can also contact the University of Oklahoma – Norman Campus Institutional Review Board (OU-NC IRB) at 405-325-8110 or irb@ou.edu if you have questions about your rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than the researcher(s) or if you cannot reach the researcher(s).

Please keep this document for your records. By providing information to the researcher(s), I am agreeing to participate in this research.

Statement of Consent

I have read and understood the above information and I voluntarily agree to participate in the research project described above. I affirm my consent to participate and I acknowledge that I am 18 years of age or older. Please select "Yes, I agree to participate" to continue or "I do not want to participate" to leave the survey.

Yes

No

Traumatic event exposure

INSTRUCTIONS: *Listed below are stressful events that sometimes happen to people. **For each event, check all that apply. Be sure to consider your entire life** (growing up as well as adulthood) as you go through the list of events.*

	It happened to you personally	You witnessed it happen to someone else	You learned about it happening to a close family member or close friend	You were exposed to it as part of your job	You're not sure if it fits	It doesn't apply to you
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)	☐	☐	☐	☐	☐	☐
2. Fire or explosion	☐	☐	☐	☐	☐	☐
3. Transportation accident (for example, car accident, boat accident, train wreck,	☐	☐	☐	☐	☐	☐

plane crash)

	It happened to you personally	You witnessed it happen to someone else	You learned about it happening to a close family member or close friend	You were exposed to it as part of your job	You're not sure if it fits	It doesn't apply to you
4. Serious accident at work, home or during recreational activity	☐	☐	☐	☐	☐	☐
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)	☐	☐	☐	☐	☐	☐
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)	☐	☐	☐	☐	☐	☐
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)	☐	☐	☐	☐	☐	☐
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	☐	☐	☐	☐	☐	☐
9. Other unwanted or uncomfortable sexual experience	☐	☐	☐	☐	☐	☐
10. Combat or exposure to a war-zone (in the military or as a civilian)	☐	☐	☐	☐	☐	☐
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)	☐	☐	☐	☐	☐	☐
12. Life-threatening illness or injury	☐	☐	☐	☐	☐	☐

		You witnessed	You learned about it happening to a close

	It happened to you personally	it happen to someone else	family member or close friend	You were exposed to it as part of your job	You're not sure if it fits	It doesn't apply to you
13. Severe human suffering	☐	☐	☐	☐	☐	☐
14.Sudden violent death (for example, homicide, suicide)	☐	☐	☐	☐	☐	☐
15. Sudden accidental death	☐	☐	☐	☐	☐	☐
16. Serious injury, harm or death you caused to someone else	☐	☐	☐	☐	☐	☐
17. Any other very stressful event or experience	☐	☐	☐	☐	☐	☐

INSTRUCTIONS: *Listed below are questions related to the exposure to the traumatic events listed above. Please choose the option that best reflects your experience.*

	Never	Yearly	Every few months	Monthly	Weekly
18. How often are you exposed to traumatic events in your work?	☐	☐	☐	☐	☐
19. As a result of my job, I am exposed to large-scale traumatic events (natural disasters, industrial accidents, terrorist attacks, school shootings, etc.) that result in multiple deaths.	☐	☐	☐	☐	☐
20. I am exposed to a single traumatic event for more than one day at a time as a result of my work.	☐	☐	☐	☐	☐

Emotional affect

INSTRUCTIONS: *Below is a list of responses people might have to stressful experience. Please choose*

the option that best reflects your experience __in the past month__.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
21. Repeated, disturbing and unwanted memories of the stressful experience?	☐	☐	☐	☐	☐
22. Repeated, disturbing dreams of the stressful experience?	☐	☐	☐	☐	☐
23. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	☐	☐	☐	☐	☐
24. Feeling very upset when someone reminded you of the stressful experience?	☐	☐	☐	☐	☐
25. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	☐	☐	☐	☐	☐
26. Avoiding memories, thoughts or feelings related to the stressful experience?	☐	☐	☐	☐	☐
27. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	☐	☐	☐	☐	☐

	Not at all	A little bit	Moderately	Quite a bit	Extremely
28. Trouble remembering important parts of the stressful experience?	☐	☐	☐	☐	☐

29. Having strong negative beliefs about yourself, other people

or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?

□ □ □ □ □

30. Blaming yourself or someone else for the stressful experience or what happened after it?

□ □ □ □ □

31. Having strong negative feelings such as fear, horror, anger, guilt, or shame?

□ □ □ □ □

32. Loss of interest in activities that you used to enjoy?

□ □ □ □ □

33. Feeling distant or cut off from other people?

□ □ □ □ □

34. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?

□ □ □ □ □

	Not at all	A little bit	Moderately	Quite a bit	Extremely
35. Irritable behavior, angry outbursts or acting aggressively?	□	□	□	□	□
36. Taking too many risks or doing things that could cause you harm?	□	□	□	□	□
37. Being "super alert" or watchful or on guard?	□	□	□	□	□
38. Feeling jumpy or easily startled?	□	□	□	□	□
39. Having difficulty concentrating?	□	□	□	□	□
40. Trouble falling or staying asleep?	□	□	□	□	□

Journalism professionalism

INSTRUCTIONS: *Below is a list of statements related to journalism professionalism. Please choose the option that indicates your level of agreement.*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
41. A detached, objective stance to news is an essential journalism value.	☐	☐	☐	☐	☐
42. It is difficult to remain objective when covering traumatic events.	☐	☐	☐	☐	☐
43. Journalists must provide factual information and let the public decide what the truth is.	☐	☐	☐	☐	☐
44. Most journalists have special resiliency that allows them to do their jobs without suffering emotional trauma when they're exposed to traumatic events.	☐	☐	☐	☐	☐
45. It is a journalist's job to expose himself/herself to potentially traumatic events and report those events to the audience.	☐	☐	☐	☐	☐

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
46. Journalists should not have to risk their own emotional health for their jobs.	☐	☐	☐	☐	☐
47. Few journalists experience emotional trauma as a result of their work.	☐	☐	☐	☐	☐

48. It's ok for journalists to seek professional help for

suffering emotional trauma as a result of their jobs.

☐ ☐ ☐ ☐ ☐

49. Journalists who admit to suffering from emotional trauma will receive less challenging assignments.

☐ ☐ ☐ ☐ ☐

50. It is the journalist's job to witness newsworthy events, regardless of the impact on the journalist.

☐ ☐ ☐ ☐ ☐

Organizational climate

INSTRUCTIONS: *Below is a list of statements related to the news organization for which you work.*

Please indicate your level of agreement, based on your experience in your workplace.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
51. My news organization cares about the well-being of its employees.	☐	☐	☐	☐	☐
52. Journalists in my news organization openly share information, including that related to trauma coverage.	☐	☐	☐	☐	☐
53. Journalists in my news organization are informed that they may be exposed to trauma as part of their work.	☐	☐	☐	☐	☐
54. Journalists in my news organization are trained on how to cope with trauma exposure in their work.	☐	☐	☐	☐	☐
55. Journalists in my news organization are trained on what to do if they experience	☐	☐	☐	☐	☐

emotional trauma symptoms.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
56. I am confident my news organization would support me if I sought treatment for work-related trauma.	☐	☐	☐	☐	☐
57. I have sought treatment for work-related trauma.	☐	☐	☐	☐	☐
58. Managers in my news organization show they have confidence in those they manage.	☐	☐	☐	☐	☐
59. Managers in my news organization are friendly and easy to approach.	☐	☐	☐	☐	☐
60. Managers in my news organization can be relied upon to give good guidance.	☐	☐	☐	☐	☐

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
61. Managers in my news organization show an understanding of the people who work for them.	☐	☐	☐	☐	☐
62. My news organization expects its journalists to work in a demanding environment with little organizational support.	☐	☐	☐	☐	☐
63. Managers in my news organization are always searching for new ways of addressing problems.	☐	☐	☐	☐	☐

Demographics and open responses

INSTRUCTIONS: *Please provide the following information about yourself and your job as a journalist.*

79. My gender is:

Male

Female

80. My age is:

[   ]

81. How many years have you worked as a professional journalist?

[   ]

82. Which best describes the primary type of news organization for which you work?

| Newspaper | Television | Online only | Magazine | Radio | Other (please specify) |

[   ]

83. How many years have you worked at your current news organization?

[   ]

84. How would you best describe your primary job role at your current organization?

Editor/Producer

Reporter

Copy Editor/Line Editor

Photographer/Videographer

[   ] Other (please specify)

85. Which best describes your job?

| No management responsibilities | Some management responsibilities | Primarily management responsibilities |

86. Explain what relationship (if any) you perceive between journalism as a profession and emotional trauma.

```


```

87. What is the ideal management approach to preparing and assisting journalists who witness traumatic events in their work.

```


```

Appendix B: Message sent to SPJ members in newsletter

Survey on Journalism & Trauma

Click here to participate in a survey conducted by Kenna Griffin from the Gaylord College of Journalism and Mass Communication. The research project is "A Conflict in Journalism: Understanding Emotional Trauma in the Newsroom." This research is being conducted through the Norman, Okla., campus.

Appendix C: Text posted on professional organizations' Facebook pages

Journalists, please take 10 minutes to complete my research survey on journalism and trauma. Thank you!

A Conflict in Journalism: Understanding Emotional Trauma in the Newsroom

Qualtrics sophisticated online survey software solutions make creating online surveys easy. Learn more about Research Suite and get a free account today.
OUSURVEY.QUALTRICS.COM

Appendix D: Survey recruitment text posted on Twitter

Journalists, please take 10 minutes to complete my research survey on journalism **and** trauma. http://buff.ly/1LKQw2P **#journalism**

Appendix E: Direct message recruitment text

Potential respondent name,
I am completing a study on journalism and trauma for my dissertation research. The only qualifier to participate in the research is that you must be working as a professional journalist in the U.S. I'm fairly certain, based on your Twitter profile, that you qualify. The responses are anonymous. Would you please take 10 minutes and participate in the study? I am at the end of my researching gathering, and I would really appreciate your participation. The survey link is pinned to my profile page. Thanks in advance!
Kenna

Appendix F: Respondents' statistics

Variable	n =	percent	Mean
Gender			
Male	300	36.2%	
Female	363	43.8%	
Did not respond	166	20.0%	
Age	657		37
Did not respond	172		
Years as a pro journalist	663		13.9
Did not respond	166		
Organization type			
Newspaper	373	45.0%	
Television	131	15.8%	
Online only	83	10.0%	
Magazine	26	3.1%	
Radio	18	2.2%	
Other	29	3.5%	
Did not respond	169	20.4%	
Years at current org	657		6.2
Did not respond	172		
Primary job role			
Editor/producer	223	26.9%	
Reporter	334	41.5%	
Anchor	11	1.3%	
Copy editor/line editor	26	3.1%	
Photographer/videographer	17	2.1%	
Other	42	5.1%	
Did not respond	176	20.0%	
Management responsibilities			
None	314	37.9%	
Some	264	31.8%	
Primary	85	10.3%	
Did not respond	166	20.0%	