

Reporting distress – duty of care within the media

Mark Brayne highlights the measures taken to support correspondents reporting from disaster and war zones

If a bomb went off in a train station down the road from here," I ask journalists who come to my courses about the media and trauma, "which direction would most normal folk run?"

The trainees immediately grasp where I'm heading. There's wry and knowing laughter. Of course, they say, most sensible people would run away from the explosion.

"And which are the professions that would run in the other direction?" I ask.

They get the point. Like firefighters and rescue workers, police and paramedics, journalists are professional First Responders to violence, trauma and tragedy.

But it's only now that journalists – still just a few, and in a few organisations - are beginning to be trained in how to deal with psychological trauma, when they face it in the stories they're covering or in the people they're interviewing, or when it impacts on them.

Instead of bottling it up – or, worse, of reaching as so many have traditionally done for the other kind of bottle – journalists are now being encouraged to acknowledge what they do, and be willing to talk about it openly.

A succession of major news stories of conflict and catastrophe – the Tsunami, Hurricane Katrina and above all the Iraq war – is bringing journalists into the open with stories of trauma that accumulates, often unrecognised, over many years.

As so often with trauma, it can be a secondary trigger that rips the covers off journalists' personal experiences of distress. For example:

- Talking to an old woman who's lost everything in the Tsunami Banda suddenly and unexpectedly puts the reporter in touch with everything he hasn't processed since Rwanda and Kosovo;
- Pictures of people leaping to their deaths from the World Trade Center in New York evoke for another reporter images and deep unprocessed pain from working in Sarajevo 10 years earlier;
- An ambush in Iraq and the death of a colleague brings back traumatic memory for yet another journalist of a childhood car crash, and with it sleepless nights and panic attacks;

■ Or it might be something much more apparently mundane, such as covering a story of child abuse which echoes a personal experience never before spoken of.

But as a news story, it's Iraq that is possibly one of the most psychologically toxic in a generation.

Unlike even Beirut at the height of the civil war there, which had pockets of tranquillity and relatively clear front lines, Baghdad isn't safe, anywhere, at any time. With news bureaux walled in behind concrete barricades and layers of armed guards, neither can journalists meet socially and easily in the evenings to talk through their day over a beer – a ritual that has served for generations, as long as the alcohol isn't overdone, as an effective antidote to trauma.

Another, deeper issue is that of the Iraqi story's core narrative of apparent futility. Like therapists and clients, journalists cope better with trauma when they can turn it into an experience of meaning. However awful the stories, reporters covering the Bosnian war, or a Pakistani earthquake or an African famine, could make a case that their journalism was making a positive difference, alerting the world to tragedy and mobilising aid.

In Iraq, the story seems to get relentlessly worse, and the press pass which used to afford a measure of protection in war has become an invitation to be kidnapped or worse.

Especially the American media tell us that they're reaching, as they put it in American footballing terms, deeper and deeper into the reserve bench to find journalists willing to go – and those that do are often younger and less experienced than war reporters of old. In the first three years of the war, the Washington Post rotated an astonishing 60 or so of its journalists through Baghdad, and for companies like ABC News, it's even more

The carnage in Iraq has also coincided with radical change in the technology of journalism – immediate high-quality communications, lightweight cameras, the Internet, the voracious appetite of 24-hour multi-channel, multi-media news for disaster and violence.

More journalists than ever before, in Iraq and

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elsewhere, are finding themselves reporting from the very front line of trauma. And the traumatic backwash of imagery floods instantly into newsrooms at home. Editing footage of car bombings, shootings, crashes and beheadings can bring, as mental health workers know, the vicarious distress of dealing second-hand with death and traumatic injury.

That's the very bad news. The better news is that this relentless new exposure to trauma is helping to change the culture of journalism.

As previously reported in *Counselling at Work*, The BBC, with support from the Dart Centre for Journalism and Trauma (www.dartcentre.org), has been leading the way globally, introducing in the past couple of years trauma awareness and support training for managers, editors and team leaders who send colleagues into emotional harm's way.

If in the old days, journalists would head off to war or disaster – as I did to Romania in 1989, for example, to cover the violent overthrow of Nicolae Ceausescu – with no training in trauma, editors now are being encouraged to brief them on the psychology as well as the physical dangers of what they are undertaking.

In a training video we show on our courses, the BBC's veteran foreign correspondent Allan Little describes eloquently how important this knowledge can be, recalling how in 1992 he came back to London from a spell in besieged Sarajevo with what he only subsequently understood to be the classic symptoms of Post-Traumatic Stress Disorder.

"I was in a bit of a mess," says Little, "and I went to talk to a doctor, a GP, about what had happened. And I found myself suddenly – and I've never done this with anyone else – just weeping, in this complete stranger's presence. I couldn't get the words out.

"He told me to look at a list of symptoms," Little continues. "Sleeplessness, irritability, inability to con-

centrate, nightmares... And I thought, Yeah, I've got about two-thirds of these. Funny. Once the things I was feeling had a name, a diagnosis, as a condition, it was somehow the beginning of the end (of my distress)."

We've developed the media training programme using the basic ideas of TRiM as used by Britain's Royal Marines (described elsewhere in this edition). And we've now taken the ideas too to other news organisations such as the Financial Times, and ABC News in London, to German public service television and the Washington Post and, encouragingly, to the new pan-Arabic news channel Al Jazeera in Doha.

The principles are similar. Buy-in and political support from the very top. Routine training before assignment. Risk assessments after assignment and within the culture, with a couple of simple checklists - to normalise the individual experience of trauma, and to reassure that while distress is not required, it's not unusual either.

We also stress the idea of checking in a month or so later to identify those who might need further or indeed professional support, with the expectation, as laid out in Britain's 2005 NICE guidelines on trauma response, that with education and awareness of what they've been through and especially with good collegial, family and social support, most people will feel better within four to six weeks.

Going beyond TRiM, however, we emphasise especially the work that needs to be done before people are deployed to cover trauma, and the need for managers and leaders themselves to take explicit responsibility for the emotional as well as physical wellbeing of their teams.

The emphasis is on the little things that can make the difference, such as thanks, appreciation and encouragement, and a careful timing of critical editorial feedback. Many is the weary post-assignment journalist I have spoken to who has told me it was less the bodies or the blood that bothered them than that b*stard on such-and-such a programme who on an open circuit had torn them off a strip, fresh from nearly getting killed in a firefight, for just missing a deadline.

We describe practical and social support as the best psychology. We encourage the simple self-care so often ignored by journalists under pressure, such as getting enough sleep and taking modest exercise, eating well and drinking enough water – and going easy on the alcohol and caffeine.

With sceptical hacks who like sources and evidence, we are very careful to set all this in the explicit context of the latest brain science, and of how the human nervous system – and even that of a journalist – successfully processes (or finds difficult to process) the impact of trauma.

We also make very clear that if someone isn't doing so well after a nasty assignment or project, or series of stories - and sometimes after years of coping - then it's OK, and indeed a sign of maturity and strength, to take advantage of the help that should be available.

We encourage news organisations to have Employee Assistance Providers in the background, and to make sure these have good and experienced counsellors and therapists available who both know and understand the very particular culture of journalism and who understand trauma, including ideally the use of evidence-based treatments recommended by NICE such as EMDR and trauma-focused CBT.

So is the training making a difference?

The BBC's Deputy Director General Mark Byford has acknowledged publicly his gratitude to the Dart Centre for helping start a culture change in journalism which he says is as profound as the introduction some 10 years ago of training of media workers for physical survival in hostile environments.

At a Dart Centre discussion evening this May honouring Allan Little's *Return to Sarajevo* radio series on Bosnia 10 years after the end of the war there, Byford spoke of his thrill that in establishing the new College of Journalism for the BBC, the first initiative was to make a film on trauma.

"The film has had a strong reaction across the organisation," he said. "And not just that it's just Allan Little on the front line of a war zone, but to think that it can be anything from a court case that you're covering through to a bus crash in Leeds."

Working as well with colleagues in the United States and Australia, we've taken Dart's ideas of the connections between emotions, trauma and good journalism to Russia, Eastern and Central Europe; with the European Society for Traumatic Stress Studies (ESTSS) to conferences in Zagreb, Istanbul, Stockholm, Belfast and Amsterdam; to German-speaking Europe with a major conference in Hannover; to Brussels where the Dart Centre organised this June, on behalf of the UN Population Fund, a journalists' workshop on the coverage of gender and sexual violence in war.

There is in other words a need, and a hunger now, for far-reaching culture change in the management, support and self-awareness of journalists - and of their support teams - who cover traumatic news, and not just war and disaster, but tragedy closer to home as well.

The benefit won't just be in the tone and sophistication of the journalism itself, or indeed the journalistic resilience of those who do the reporting.

There will also be, and already is, change in individual lives.

Journalists are increasingly, although not of course in huge numbers, coming to therapists like myself to face and deal with their issues, sometimes in a short course of EMDR or CBT, sometimes in longer-term work.

But in all the training and support we've been doing, I was most touched by a journalist who was on one of my courses at Al Jazeera last April.

This man, like so many of his colleagues in the Middle East, had witnessed and reported on terrible stories of distress and tragedy over many years, from the Palestinian Intifada to the serial bereavements of the Iraq war with its dozens of journalists, mostly Arab, killed in the past three years.

But trauma is personal, and what this colleague wanted to know was how to cope with the death of his young son, taken away by an incurable disease 18 months earlier.

"My wife and I agreed after he died never again to talk of him," the journalist told our training group. "In our Arab culture, we thought and were told that if we didn't remind ourselves of him, then our pain would go away."

But Arabs too, for all the differences in culture, also experience trauma - articulated and understood differently from the way it is seen in America and Europe, but trauma nonetheless. Whatever some Western sociologists may say, I emphatically disagree that PTSD is a socially-constructed concept.

Grief lining his face, the Al Jazeera journalist described how since his son died, he had scarcely been able to sleep. Denied attention during waking hours, his dead son was visiting him every night.

"Are you telling me," he asked, "that it's better to talk? That by talking I might begin to feel better?"

I told him that, yes, on the whole, talking does help the brain gradually to put such tragic experiences safely to bed in the past, where they belong - not to forget, but to be able to feel feelings and to experience joy again, and of course to sleep.

I have rarely seen someone look as simultaneously relieved, excited and alarmed. "I will talk to my wife this very night," he said, "and we will try this."

The other day, several months later, I received this simple email, in capital letters.

HELLO MARK. SORY FOR DELAY. I LOST YOUR CARD. YOUR ADVICE HELPED ME DEFINITELY. NOW I FEEL BETTER... SPEEKING ABOUT MY SON FOR SOME FEW MINUTES WITH MY WIFE ONCE A DAY KEEPS ME MORE COMFORTABLE AT NIGHT. THANKS A LOT. HOPE KEEP ON CONTACT

So, are we making a difference in journalism? Yes, I believe we are. ■