

Risking more than their lives:

The effects of post-traumatic stress disorder on journalists

Freedom Forum European Centre, April 12, 2001

What does a study of war correspondents and whether they now suffer from post-traumatic stress disorder (PTSD) have to do with a free press and free speech, some might wonder? And why would The Freedom Forum be interested?

The starting point for any discussion about this issue is that frontline journalism is central to informing viewers and readers about man's inhumanity to man wherever it takes place. Listen to what Sunday Times correspondent Marie Colvin had to say after nearly losing her life and her sight in one eye after becoming the first foreign reporter in six years to enter a region of Sri Lanka where the Tamil Tigers are waging war against government forces. Colvin was trapped under fire and nearly killed after being struck by shrapnel fire from Sri Lankan forces on April 16, 2001. Said Colvin from her hospital bed: "My job is to bear witness." "It has always seemed to me that what I write about is humanity in extremis, pushed to the unendurable, and that it is important to tell people what really happens in wars — declared and undeclared."

Colvin is one of the most intrepid of all correspondents who have spent the past decade putting themselves at risk to try and report on the world's conflicts and wars. As we are reminded in such classic studies of war corresponding as Phillip Knightley's *The First Casualty*, journalists have witnessed bloody conflicts from the Crimea to Kosovo. But there may never have been a period of history where

international journalists — aided by the new technology of satellite phones, digital cameras, and the Internet, and driven by 24-hour all-news networks — have covered conflicts in serial fashion such as the Gulf War, Bosnia, Somalia, Rwanda, Goma, East Timor, Chechnya, Kosovo, and Sierra Leone, not to mention natural disasters everywhere.

What impact has all of this had on these frontline journalists? How is it humanly possible for them to have witnessed as much bloodshed, horror, and brutality without having suffered some emotional and psychological fallout?

Two journalists who'd already begun giving this dilemma serious thought were the BBC's Mark Brayne and Bosnian refugee journalist Vedat Spahovic. Their concerns stayed with me and I became instantly receptive to a serious proposal that would later turn into the study authored by Dr. Anthony Feinstein of the University of Toronto.

We hope that this study in some small way gives news executives and editors a better understanding of what their journalists may have experienced. They may then want to turn to the experts and put in place or reconsider what already exists to ensure that these frontline journalists are healthy and able to resume the reporting and coverage that the world needs desperately.

*John Owen,
Director, Freedom Forum European Centre*

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Risking more than their lives:

The effects of post-traumatic stress disorder on journalists

Moderator:

John Owen

(Director, Freedom Forum European Centre)

Panel:

Dr. Anthony Feinstein

(University of Toronto)

Janine di Giovanni

(The Times)

Allan Little (BBC)

Dr. Gordon Turnbull

(Ticehurst House Hospital, East Sussex)

Dr Frank Ochberg

*(DART Center for Journalism & Trauma,
University of Washington, Seattle)*

Mark Brayne

(BBC World Service-Europe regional editor)



John Owen

*DIRECTOR, FREEDOM
FORUM EUROPEAN CENTRE*

Several pages in today's Press Gazette are devoted to

conversations with participants in this study. Right away you recognise that it's not okay yet to talk about this. The first person quoted had to be interviewed anonymously because of the fear of going public on this issue. Here's what this person had to say: "I've had about 10 friends killed this past decade. I've been wounded myself. I've been taken prisoner, beaten, kidnapped, shelled, mortared, shot at, knocked down by the blast of an explosion. When you've seen things and experienced things that you'll never forget no matter how much you want to, it's important if the situation is bothering you that you should seek some kind of help."

Later on this person said: "It's one thing to walk into a room full of dead bodies and then walk out again. It's quite another to walk into a room full of dead bodies and spend 20 minutes trying to find the best way to get a picture. You are more likely to see things that remain with you. I've had to come to terms with a lot of this stuff — let's say it's an ongoing process. I'm still quite confused about the effects of the last decade on my life. News organisations could find ways to make counselling or analysis more attractive but they need a system of anonymity. Until they get serious about that, I don't think that they are going to get very far." I don't think we could have had a better keynote speech than what that person said in that interview — and the person had to go off the record in terms of identification, so we're not there yet.



MARK BRAYNE, DR FRANK OCHBERG, DR. GORDON TURNBULL, ALLAN LITTLE, JANINE DI GIOVANNI, DR. ANTHONY FEINSTEIN

“I’ve had about 10 friends killed this past decade. I’ve been wounded myself. I’ve been taken prisoner, beaten, kidnapped, shelled, mortared, shot at, knocked down by the blast of an explosion. When you’ve seen things and experienced things that you’ll never forget no matter how much you want to, it’s important if the situation is bothering you that you should seek some kind of help.”

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RISKING MORE THAN THEIR LIVES

This study, which we are proud to unveil tonight, has its origins in an e-mail Anthony Feinstein sent me in the autumn of 1999. He said he'd been searching through the literature and found that not a thing had ever been systematically done on exploring the psychological effects on correspondents, cameramen, photojournalists, of being exposed to these kinds of experiences. He asked if The Freedom Forum have any interest in this. I met with Anthony in Toronto around Christmas of 1999, and by the spring this study was under way. The study could not have been done if the news organisations had not volunteered to take part, had not agreed to hand over the names of correspondents to Anthony under the strict condition of protecting their anonymity. It is really moving that so many of the news organisations represented here tonight stepped forward to make this a reality.

One of the reasons I thought this study might be worth doing was because of who Anthony is. He is a psychiatrist who knows something about war and conflict himself. South African by birth, he had been a medical worker, a psychiatrist, during the Namibia conflict in 1983. He had seen men and women under stress and was himself haunted by what he saw. He decided to write about that, and he wrote a good book called *In Conflict*. That impressed me, because he hadn't been sitting in an office somewhere — he knew about this stuff firsthand. So Anthony brings to this study his own sensitivities and sensibilities, his own sense of history and his ability to connect. Those of you who've had any dealings with him know he is somebody to be trusted. It is a real honour to be associated with Dr Anthony Feinstein, and I'm really proud that we can tell you a bit about what he has found and, more importantly, go beyond that and talk about what can be done.



Dr Anthony Feinstein
UNIVERSITY OF TORONTO

Despite the risks inherent in reporting war, there has been no research collecting empirical data

on the psychological health of war reporters. Contrast this with the vast amount of material being published devoted to just about every aspect of trauma and people that suffer from it, ranging from combat veterans, refugees, police, firemen, victims of assault, rape, torture — the list is endless. There's very little with respect to war journalists. Certainly there are fictional portrayals — Evelyn Waugh's satire in *Scoop*, Graham Greene's wonderful book *The Quiet American*, and the personal memoirs of war journalists. Some of the panel members tonight have written about particular conflicts, and reading their texts gives you an insight into their experiences. Not to be facetious, but my 10-year-old son is greatly enamoured of Tintin, and when you read the Tintin books you see that he has been shot, he's been put up against a wall in a mock execution, his plane has been shot down and he has been held captive. As I began to interview war journalists, I began to realise that Hergé had done his work really well.

There were two stages to our study. First, we looked at self-reported ratings of psychological symptoms. We did this largely via the Internet, which enabled us to canvas widely and in many countries. Then there were face-to-face interviews, using validated and structured interviews. There were two types of subjects. I was given a sample of 170 names of war journalists, of whom 140 responded — a response rate of 82.8 per cent, which is extremely good for this kind of work. People were quite keen to take part in it. Then there was the control group — domestic Canadian news journalists who had never gone off to war. Some had reported on disturbing things like murders and fatal motor accidents, but we were careful to screen out the war journalists. We collected a lot of demographic data, on gender, marital status, the number of years they had worked in journalism, the type of journalism they did, the types of conflict covered, their substance-abuse history, whether they'd received any kind of psychiatric treatment.

We used a scale called the impact of events scale, which captures the three cardinal features of post-traumatic stress disorder:

- 1) Re-experiencing the traumatic event, dreams, flashbacks, intrusive and often unwelcome recollections of the trauma that you've witnessed.
- 2) The maladaptive avoidance behaviour that people develop in response to the trauma. They blunt down their emotional responses, they try to stay away from reminders of it — avoidance sums it up well.
- 3) The final group is the physiological arousal — the increased heart rate, sweating, the anxiety that's associated with these unpleasant experiences.

We then had a look at depression, using something called the Beck Depression Inventory. It's a comprehensive view of someone's mood state, looking at things like sadness, enjoyment of life, sleep, appetite, self-worth, suicidal thoughts.

“In terms of post-traumatic stress disorder and impact of events scale — re-experiencing the traumatic event, dreams, flashbacks, intrusive, often unwelcome recollections, the avoidance — you can see that on every one of these indices the war group has much higher scores. This group is approximately three times higher than the non-war group when it comes to post-traumatic stress disorder type symptoms.”

We then had a look at an aspect of global psychological distress, something called the General Health Questionnaire. This was all done via self-reporting on the Web. We looked at somatic complaints — people who felt physically unwell, which correlates quite highly with their emotional state, their levels of anxiety and social dysfunction. How dysfunctional do you become as a result of your symptoms? The final aspect was to look at personality — it's something we all have, it defines who we

are and how we react to the vicissitudes of life. In terms of psychiatric status, there are many different types of personality profile, the anti-social or the psychopathic being the best known. Others include narcissistic, obsessive-compulsive and borderline.

I then went on to do a structured interview with 20 per cent of both samples — one-fifth of the war journalists and one-fifth of the control journalists. Without this, you cannot make a clinical diagnosis. While self-report questionnaires are good for screening large numbers of people quickly, you have to meet people face-to-face to establish a clinical diagnosis.

The 140 war journalists and 69 control journalists on average are well matched — both groups close to 40 years of age. The war group is overwhelmingly male — 80 per cent. Of the war journalists, 53.6 per cent are either single or divorced — an extraordinary statistic, and a very big difference with the control journalists, where that number drops to about one-third. If you look at the general population and how many 40-year-olds on average are married, the Canadian figure is 85 per cent for females and 80 per cent for males, so it's a big reversal in this group.

The final statistic here is that this is an experienced group — and this is where I'm indebted to the news organisations. We really did get experienced war journalists, not the dilettante who goes in for one or two conflicts and then gets out and does something else. On average they've been doing it for 15 years; 65 per cent had been to Bosnia; 50 per cent to Yugoslavia; 45 per cent to the Gulf War; one-third to Rwanda. Many of them are “multiple” — correspondents going from conflict to conflict.

As for drinking habits, you can see that the war group is drinking more. And bear in mind that people always under-report their intake of alcohol. The females [in the war group] are drinking five times as much [as those in the control group], the males about twice as much. As for cannabis, there's no difference. About one-quarter to one-fifth of the sample use cannabis. I thought it would have been higher. Again, people under-report these things.

On substance abuse — and by this I mean amphetamines, cocaine, barbiturates, et cetera — the rate is only 6.4 per cent. But compare that to the control group, where no one does it, so it actually comes out as being quite significant. Anything less than .5 per cent difference is statistically significant.

RISKING MORE THAN THEIR LIVES

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On depression, we can see a pattern emerging, the data already consistent across the various indices. With the Beck depression score, a score of 10 isn't a very depressed group, but within a mild range. But many of the war group are around 17, 18, 19, 20, which is a significant score. There is significantly more depression in the war group.

Looking at the General Health Questionnaire and the four indices of somatic complaint — bodily symptoms, aches and pains; anxiety; social dysfunction; and depression — again you can see a robust finding with respect to depression, validating the previous scale. But with social dysfunction, again a difference creeps in. This is self-reporting, but the war group rated themselves as having greater social dysfunction than their non-war counterparts.

After the standardised face-to-face interviews, I arrived at a lifetime prevalence of post-traumatic stress disorder of 28.5 per cent — that's over the course of their career. To give you some comparisons, traumatised policemen have a rate of between 7 and 13 per cent; combat veterans are higher

than the war group (approx. 30%). When it comes to major, clinically significant depression — not just a fit of the blues but the whole syndrome of sleep, appetite, loss of enjoyment, transient suicidal thoughts — 21 per cent of the war group came out with major depression. This is significantly higher than the U.S. general population (17%), which is quite a high figure. The Canadian figure is about 8 per cent.

Finally, let me talk about personality. Personality defines who we are and how we react to events and trauma, to good things, to bad things. The one personality type that separated the war journalists from the other group is something called a borderline personality. The war group reports lots of sudden changes in mood and feelings of emptiness. I believe this is one of the reasons that drives them to do the kind of work they do. With respect to some of these other personality attributes — becoming frantic when you think someone you care about will leave you, relationships having lots of ups and downs, sudden changes in your sense of who you are or where you're headed — these really didn't distinguish the group. But the feelings of emptiness are very significant. Another important finding was that, despite having more post-traumatic stress disorder and depression and drinking to excess, the war group was not more likely to have received psychological help.

What to make of the data? I've read two very fine books recently. One is William Ian Miller's *The Mystery of Courage*. He and also Ben Shephard in his book, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, have made the point that individuals can take on board a lot of trauma and become unwell from it.

Our study was not an attempt to pathologise an industry. Three-quarters of the journalists I surveyed did not have psychological difficulties. The majority go off to war for a 15-year period and generally end up doing okay. Certainly some journalists with post-traumatic stress disorder recovered after little medical intervention. They may have seen a doctor attached to their organisation, they may have been withdrawn from the field for a while and their symptoms resolved. But in some of the journalists, post-traumatic stress disorder is chronic. It hasn't got better, and they're very unhappy as a result of it. Their depression may be quite intractable, and depression carries with it a significant morbidity — it affects your quality of life. It also has a significant mortality, in that it is the one condition within psychiatry

that has the highest suicide rate — 15 per cent. In many of the journalists, the post-traumatic stress disorder was being missed, and they were not getting treatment. The depression and the post-traumatic stress disorder can affect families in terms of quality of life and physical well-being. If you look at the long-term studies into veterans of the Vietnam War, you see that down the road this is a group that ends up with more medical problems. You also have to bear in mind the long-term effects of heavy drinking.

An intriguing area of research looks at the effects of stress on aspects of brain volume. A paper in the journal *Science* in 1996 makes the point that stress is bad for your brain. When you're stressed, your brain puts out a lot of a hormone called cortisol, which, if it's around for a long time, can lead to selective brain atrophy. I'm not saying war journalists have smaller brains — I'm sure that's not the case. But one has to take things like this very seriously because cortisol, if it's around for a long time, can have an impact on selective parts of the brain. The hippocampus, a part of our brain that's crucial with respect to memory and recall of events, can be affected by high doses of cortisol.

John Owen

I'd like to introduce the panel. Janine di Giovanni, who we read faithfully in *The Times*, has been everywhere — Kosovo, Chechnya, and Bosnia, of course, where she came to prominence. Allan Little of the BBC has also been everywhere, and is now a presenter on BBC Radio 4. Dr Gordon Turnbull is associated with Centurion, and is clinical director of trauma services at Ticehurst House Hospital in East Sussex. He has done much to treat traumatised journalists. Dr Frank Ochberg has come from the U.S., where he runs a unique programme, the DART Center for Journalism & Trauma at the University of Washington in Seattle. He has been of assistance to journalists but also to victims of tragedies and he has some strong views about what should be available here in the U.K. Mark Brayne spans both sides of the debate here tonight. He was a frontline correspondent for the BBC for many years, in Europe, Russia, Tiananmen Square, and Romania during the revolution. He took himself off the road after he thought he had lost his impartiality because he was getting so emotionally involved. This led to his own search into psychotherapy, and he is now a trained psychotherapist. I'd like to go first to the practising journalists who took part in the study, Janine di Giovanni and Allan Little.



Janine di Giovanni
THE TIMES

I've been doing this job since 1987. It's the only job I've ever done. I started doing it because I met a

human-rights lawyer in the Gaza Strip called Felicia Langer, a Jew who defended Palestinians in military court. She told me that if you had the opportunity to go to places that other people couldn't get to, then you had an obligation to be a witness and to report. And that's what I've done over the past 13 years.

“I don't think I suffer from post-traumatic stress disorder. I have been shot at, I've been bombed, I've lost friends that I loved, I've been marched execution-style into the woods by Serb paramilitaries, I've been encircled in villages that were about to be ethnically cleansed. I've gone through a lot and have seen more dead bodies than I'd like to think about. So I don't know why I'm one of the lucky 70 per cent that have escaped it.”

I don't think I suffer from post-traumatic stress disorder. I have been shot at, I've been bombed, I've lost friends that I loved, I've been marched execution-style into the woods by Serb paramilitaries, I've been encircled in villages that were about to be ethnically cleansed. I've gone through a lot and have seen more dead bodies than I'd like to think about. So I don't know why I'm one of the lucky 70 per cent that have escaped it. It might be because I work for a very sympathetic newspaper and I get a lot of help from my editors. I am a writer, and therefore feel that I am able to cleanse myself, that I can write and file my story and that a lot of the trauma I've seen comes out in my writing, and then it's over with.

RISKING MORE THAN THEIR LIVES

The current generation of war correspondents has been together for a long time. Most of us met in the early days of the Bosnia-Croatia conflict, or even before that in the first intifada. We've grown up together, and I see the same faces all over the world. Some of us are very close, some aren't. It tends to give a sense of family; you know the people you're with. This came to light when Kurt Schork and Miguel Gil were killed [in Sierra Leone in May 2000]. Being able to have that solidarity and to talk to people has certainly helped me. I've never been treated for post-traumatic stress. I've just always had sympathetic friends who listen to me.

While I was answering Anthony's questionnaire, I had a very strong sense of guilt, that I was being incredibly indulgent. If I had the ability to be tested for whether or not I had post-traumatic stress disorder, then I was privileged. The people who really needed it are my friends who've been raped, their villages burned, their possessions destroyed, the amputees I interviewed in Sierra Leone, the women in Kosovo who've been raped — yet they don't have this opportunity. Even though post-traumatic stress disorder does exist — it's been documented since the American Civil War — I'm not sure whether the people that have it might not have it because they come from very unstable backgrounds and don't have a very strong sense of self. I think we're very lucky to be here tonight, because the people that really need it will never get that opportunity.

I laughed when Anthony talked about the drink and the drugs. I think the stronger addiction is the pull to do the job. I can't think of how many times I've said to friends: "This is the last time. I'm going to go and live in Italy, write a book and have a nice life." And then something will happen and the phone will ring — we need to be there. I can't imagine doing anything else, can't imagine anything that will give me as much satisfaction as getting letters from the public saying, "Thank you for writing that story, you touched me." Or just being in the place while it's happening, feeling as though you're in the middle of history. I really would like to know more about the motivation, whether or not we do it for our own satisfaction, for our egotism, for the need to do what my friend Felicia Langley talked about all those years ago — that if we do have the ability to go and are brave enough and have the backing, we must go and report back. We must be witnesses.



Allan Little
BBC

Because you're surrounded in your ordinary working life by people who are immeasurably worse off, it feels absurd and ridiculously self-indulgent to think that you've got a problem because you can walk away from it. Culturally and historically, this has always got in the way of serious discussion. So when Anthony told me he was going to do a serious scientific study, I thought, "Good, it's about time." The idea that you can spend a decade swanning in to war zones and swanning out again and have a normal life and not be affected in any way really has got to be challenged. It's no good to say that the people I'm reporting on are much worse off than me — it doesn't lead anywhere. We feel guilty that we can swan in and out again. I can tell you of individual episodes in my life where I've been torn by guilt because I can get on a plane and leave and go back to London or Edinburgh.

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The other thing is the voluntary nature of it. We want to go. Everybody else you meet there doesn't want to be there, doesn't want this to be happening to their community, doesn't want to be involved in this. We do, and that's a bit weird. We need to ask ourselves why we want to be doing it? Also, the enthusiasm with which we put ourselves in harm's way is quite upsetting to people who love us, and we don't spend enough time examining how they feel about it.

Anthony mentioned social dysfunction. A friend of mine spent two years in Burundi and Rwanda and he was, as we all are, obsessive about whether the ex-wife of the health minister

was really involved in the Hutu genocide plans. He took some time off and flew back to London and was having dinner at his brother's, at a conventional London dinner party. Just before the food was served his brother's five-year-old child came to kiss his parents good night. When the child left the room, my friend said, "That's the first live child I've seen in a year." And of course it ruined the entire evening.

What I'm pleased about is that our generation of journalists is talking about this covertly. I had tea with a friend the other day, and he's in a bit of a state. He said to me, "When that APTN reporter was killed the other day in Macedonia, when I heard the news I thought, 'Lucky bastard, I wish it was me.'" And I thought, oh dear. A lot of us have felt that emptiness inside, that pointlessness, what's it all for? Like Janine, I've been in villages that were about to be ethnically cleansed and I've cursed myself, "Why, oh why, did I come here? I'm about to get killed. What a foolish mistake." And of course you keep on doing it. The reason I take this all seriously was because it was easy for me to bat away all those things by saying, "Okay, I'll have a drink with my mates and I'll move on to the next crisis."

What hit me like a sledgehammer was when I was working with somebody who was killed and I wasn't — I didn't know how to handle that at all. I thought it was my fault and was convinced everybody else thought it was my fault, and I wanted to swap places and be the one who was dead. I'd heard of post-traumatic stress disorder, but thought it was an indulgent, nancy-boy thing. It was a terrible experience, and I became very moody and paranoid, socially dysfunctional and unable to work, and it was to do with being alive. The only way I could get out of it was to go and get help. This was about nine years ago. It wasn't voluntary — I thought I was fine. It was one of my bosses — significantly, a woman — who said to me: "You look like shit. You're in a state, and I've made an appointment for you to go and see somebody." I had three or four sessions and learned a lot about post-traumatic stress disorder. I don't know whether I had it, it certainly wasn't diagnosed, but as soon as these things were identified and given names, I found a way out of it. It's also a generational thing. There are a lot of stiff-upper-lip people who will not confront this, but it's good we're talking about it.

John Owen

Vedat Spahovic was a journalist who had to get out of Sarajevo and has been pursuing the issue of post-traumatic stress disorder.



Vedat Spahovic
FREELANCE JOURNALIST

I would be glad to speak on behalf of so many indigenous war reporters from inside countries

that suffered in war. When I compare my experiences with those of Allan and Janine, I don't know what is good about being a war reporter. I never liked being shot at. It's very different being a home war reporter than being a war reporter coming from the outside. While I was doing my thesis with City University, I was discouraged from doing so because people did not believe I would keep my objectivity. I never believed in objectivity, to be honest. Somebody said this to me, probably a psychologist: "It's not what happens to us that determines our behaviour; it's how we interpret what happens to us." What happened to me, I interpreted quite harshly, and it's striking how many points I identify with on this list. Although I didn't indulge in alcohol or drugs, there are a lot of other points I can relate to: social dysfunction, moods, family life.

John Owen

Horst Faas spent more time in Vietnam than any single journalist. How did journalists from your generation in Vietnam cope with this?



Horst Faas
ASSOCIATED PRESS

You're right, it is a different generation. I never heard a shot fired in Bosnia but I was in London

trying to look after the people who worked for us at AP. The main advice I give is to keep your head down. It isn't worth putting yourself in harm's way in these shitty little wars because they are small and ridiculous. When Karem Lawton died a few days ago in Kosovo, I said "What a death. It's hardly possible to spell this country, it's not important." But he had to be there, he had to cover the story, and Lawton must be the unluckiest man in many decades. He wasn't in a war zone really; he was just trying to park his car and the mortar exploded.

RISKING MORE THAN THEIR LIVES

You asked me about Vietnam. As always in these situations, a lot of correspondents show up that are really inexperienced. When I go through our *Requiem* book, I see that about half of them were so inexperienced they shouldn't have been there¹. But they were ambitious and wanted to make the headlines; some did, but only when they got killed. There were so many that walked into my office in Saigon that had never been anywhere. Today I try and talk people out of going to these zones. I say: "Do Northern Ireland first. Do foot-and-mouth disease." You laugh, but we have had some problems with photographers covering the endless burning of sheep and the killing of cows. They're saying: "It's awful. Nobody knows what's going on here. The burning, the smell ...". And they're saying they want to go home, they've had enough, but New York wants more pictures of dead lambs — it's Easter after all — and we're producing them.

"As far as I'm concerned, I don't suffer from any stress. I always thought stress was good for journalists because it drives them ahead of the competition. I enjoy stress, I still do."

Sometimes sitting on the desk is a burden, because we do accidents, plane crashes — a plane crash, wonderful! Something to do for three or four days — pictures, pictures, bodies and crashes. Our business is depressing, because we are driven by disaster sometimes. Somebody gets killed, a plane goes down, there's a war — that's a great story. CNN is online, and very often they are online with nothing to say, but there is air and you must do something about it. So they are sending people, and they are put in danger — and, like poor Cameron, they get killed. The best thing said about this for years was said by our canon from St Bride's [journalists' church in London], who said: "We should think about our own mortality and we, the people who send others out there, should think about why we are doing it, how we are doing it, and if we should be doing it." As far as I'm concerned, I don't suffer from any stress. I always thought stress was good for journalists because it drives them ahead of the competition. I enjoy stress, I still do.

¹ *Requiem: by the photographers who died in Vietnam and Indochina*, edited by Horst Faas and Tim Page, Jonathan Cape, 1997

John Owen

Since Vietnam, Horst Faas has spent a lot of time trying to repay that country, by working with young photojournalists there, by publishing the work of photojournalists that were in that country and never recognised. And here on April 26, there is an auction to raise funds to stage a workshop for young Vietnamese photojournalists. Horst has compiled the finest photojournalism book that's ever been assembled. Before we move on, I'd like to say that Karen Currie, who was bureau chief here at NBC, once told me that the most disturbing story her journalists had to cover was [the massacre at a school in] Dunblane.



Dr Gordon Turnbull
*TICEHURST HOUSE
HOSPITAL, EAST SUSSEX*

The subject of trauma affecting journalists would appear to be quite a modern problem, but we mustn't forget that journalists have had a long association with trauma. Journalists have done more than anybody to bring traumatic stress reactions into the open — certainly more than doctors, who have tended to shroud the subject in secrecy over the years, and to disguise it. There's a very strong denial in the medical profession on this subject.

Journalists have been reporting firsthand since the American Civil War on something that before then was almost a complete mystery and was kept hidden. Wars were generally fought on battlefields, away from large collections of people, and most of the people who were injured in the physical sense very often did not make it home and were not able to talk about or display the psychological injuries that many of them do now.

We mustn't think of post-traumatic stress disorder as being a contamination. We have got to turn that round. In very acute cases, it is a survival reaction. There is an acute version of post-traumatic stress disorder that is very much a chronic condition. The acute version is a crucible, so that people who have been exposed to traumatic events really do have an opportunity to make something of it. The Chinese fuse two characters together, danger and opportunity for the word "crisis." They convert the philosophy of a crisis, turning something negative into something positive. We should be seeing the acute form

of post-traumatic stress disorder as a survival reaction. Some good may come out of that, so it's obviously not a contamination.

It's quite a moment when theory is transformed into practical reality. When I was a trainee psychiatrist in the RAF, we jostled with this concept of post-traumatic stress disorder for about eight years after it was published in the American Psychiatric Classification. There was a lot of to-ing and fro-ing in the argument. We thought that it was a peculiarly post-Vietnam phenomenon. Then Lockerbie happened. I was called into Lockerbie shortly after it happened because the RAF mountain rescue teams who attended the disaster asked for help. That was unprecedented. It was unbelievable that these tough people would call for the help of a psychiatrist, especially within their own organisation. It was the kiss of death to their career prospects, for example.

“We mustn't think of post-traumatic stress disorder as being a contamination. We have got to turn that round. In very acute cases, it is a survival reaction”

The theory, the ideas that I had swimming around in my head for eight years were converted very quickly into practical reality when I met up with these mountain rescue people, some of whom I knew because I had been in a mountain rescue team a few years previously. These people had been affected by what they'd been exposed to and they had the features Anthony has described of an acute version of post-traumatic stress disorder. It was the same as combat stress as described in the American literature, and it was real. That was my point of conversion, when I began to realise something had to be done. There was a need to somehow convert the energy that had been placed in these people into something that was positive and worthwhile, rather than let it fizzle away and convert into the chronic disorder that's been described today that can be so pernicious.



Dr. Frank Ochberg
*DART CENTER FOR
JOURNALISM & TRAUMA,
UNIVERSITY OF
WASHINGTON, SEATTLE*

There are 81 of us in the room today, and I think what comes out from this could have significance far beyond an ordinary discussion in a room. There are managers of media organisations here who send colleagues and friends into harm's way and are practitioners of a societally important craft and art, documenting human cruelty and tragedy. There are colleagues of those people here, and clinicians — individuals who are concerned about ameliorating psychiatric discomfort, disease, disorder.

Let's think about reporters collectively as the eyes and ears for our species. I honour and respect those who practise this. It shouldn't have taken until the year 2001 to realise that our war correspondents can put their brains and minds in danger by overdosing on images of cruelty.

I'm part of the team that wrote the post-traumatic stress disorder diagnosis. My interest in this came from spending a year here at Scotland Yard and at the Maudsley Institute of Psychiatry, from being the director of the National Institute of Psychology in the U.S., and from being the male on the committee on women at the American Psychiatric Association. Those experiences were the ones historically that led to the diagnosis of post-traumatic stress disorder. It was a women's issue because a whole gender had suffered rape, incest and domestic abuse and deserved medical recognition of the impact of that trauma. I'm of the generation that realised we had to put aside our politics around the Vietnam War and start treating its casualties. It was a generation that fought in an unpopular war, that was not only traumatised but stigmatised and ignored and disrespected, and that eventually became recognised as having a diagnosable condition.

My work was on the victims of hostage-taking. I'm the one who defined the Stockholm syndrome, an ironic and paradoxical condition where you grew to love the perpetrator because he could have killed you and he didn't. In the beginning, in 1980, we did what any legislative committee would do, we collected our information and we defined something. Now, 20 years later, there are PET brain scans that show that people exposed to relentless images of horror and terror and helplessness can

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have differences in brain physiology. And there are genetic differences. Janine, you didn't have post-traumatic stress disorder, and I didn't have it when my son was killed. We are not of that genetic predisposition, but others of us are. They keep horror alive, they revisit the scene of the horror without wanting to, they have emotional anesthesia that lasts for decades. They have an adrenal gland that won't quit, and they have concentration disorders. And if you are of the culture or gender or occupation that stigmatises the condition, then you drink to tranquilise it, you take drugs to tranquilise it, and you don't talk about it with your editor — maybe you talk about it with a colleague.

In Britain 70 years ago, journalism was 100 per cent male. But that's changing, and it's high time. To have equal gender representation in journalism will help us as a species perceive and reflect on reality in a balanced way. We're doing something controversial and innovative when we have a meeting like this with representation from my profession, psychiatry, and the predominant profession in this room, reporting. We're all in the job of witnessing cruelty, trauma, change and reporting its effects. I have a duty to ameliorate its effects; journalists do not, but you certainly have an obligation to report its effects.

“Something can happen in this room that is a start of the marriage of these fields — trauma science and the highest levels of ethics in journalism.”

For the past decade I've tried to function at the interface of trauma science and media. I've been fortunate to have the backing of a wealthy family — the DART Foundation — so that I could develop and innovate, and encourage more people to enter into this collaborative adventure: reporting and therapy, trauma and journalism. My ambition is that it doesn't just treat emotionally damaged journalists, but that it does something to clear our lenses as a species — that it helps us perceive and reflect the cruelty we visit on one another in a way that is not so formulaic, not so addicted to the perpetrator, to the drama and the imagery of war and crime and catastrophe, but that it has an opportunity to depict the issue of surviving, of recovering.

My patients reach a stage in trauma therapy where they enjoy helping one another, where they have an inner altruism and a sense of purpose that ennobles them and gratifies me. It's an end-stage of the recovery from human cruelty,

and it is exhilarating and it is tragic — in a Greek sense, not in a pathetic sense. There's something about having been there and having witnessed and endured and survived that is in the realm of poetry, art, philosophy and religion, and that journalism and medicine can only hope to touch and enlighten. Something can happen in this room that is a start of the marriage of these fields — trauma science and the highest levels of ethics in journalism.

For 10 years the DART Foundation in the U.S. has begun to teach about trauma in journalism school. to convene meetings like this one that bring together survivors and journalists and clinicians who deal with trauma to do research and writing about traumatised individuals. There is a Web site (www.dartcenter.org) that allows for collaboration between six academic centres, including one in Australia where teaching and research on these issues is occurring. It also provides a home for a new organisation that's affiliated to the DART Center, Newscoverage Unlimited, which is trying to address the issue of the traumatised journalist. The board of directors is made up of journalists; Chris Cramer [president, CNN International] is honorary chair. A number of the people associated with it have experienced post-traumatic stress disorder on the job, and they want to help their colleagues. The philosophy will be not to stigmatise or psychiatrise the process of talking about trauma, but to find ways of having it occur that are appropriate for the culture and the climate of the organisation in which this occurs. I invite those who might want to become part of this solution to see how you can find a role and see how we can address this together.

The DART Center has also sponsored awards for the best writing on victims of violence, and fellowships for mid-career journalists who want to learn more about trauma science. They come to the International Society for Traumatic Stress Studies and collaborate with the researchers and clinicians in this field. I'm thrilled that more and more of us are meeting one another, and I'm very grateful to the members of this audience and the Freedom Forum for bringing us together.

Anthony Feinstein did a fine piece of research. The findings are really not outrageous, they're common sense. And it shouldn't make anyone feel that war correspondents are a bizarre or degraded group. All of us go into jobs for reasons; we use our personalities to express ourselves and to do something good for one another. War correspondents do a terribly important job, and this study shows that they accept some medical risks in doing the job. The managers of these men and women owe it to them to help ameliorate those risks and normalise the outcome and be serious about helping one another.

Discussion



Vaughan Smith
FRONTLINE TV

I'd like to ask Anthony to what extent the results of his research are coloured by the fact that the

people who go into frontline journalism might be of a certain type. He said that many of us were "borderline" personalities. Is it relevant that some of the people who do this might be prone to some of these disorders? And does he think there might be some benefit to some form of psychological screening by media organisations before they send people to conflicts in the first place?

Anthony Feinstein: Screening might be helpful in some instances. If you've ever read Greg Marinovich's book, *The Bang-Bang Club*, in which two of the five end up committing suicide, it's very easy to see why it happened because they came into the profession with a lot of psychological baggage. It makes a lot of sense that if you carry this kind of psychological baggage, you should be very careful about the work you get into. It's a mysterious thing why some people deal well with adversity and others do not. It's a perplexing and probably a very complex thing as well, looking at personality, genetics and upbringing — a whole slew of factors that may determine how people react to adversity.

Janine di Giovanni: Do you think print journalists have significantly less post-traumatic stress disorder than photographers or cameramen, who often have to be closer, over a more sustained period?

Anthony Feinstein: We do have the data to compare people across disciplines, but I haven't analysed that yet. The point was that if you're a print journalist, you can come back and write about it, but with photographers, it's here and now. Having said that, I've met photographers who have done remarkably dangerous things and who've walked away unscathed. You're going to come back to a complex interplay of many factors in terms of how people react.



Lindsey Hilsum
CHANNEL 4 NEWS

You said rather blithely that war correspondents are overwhelmingly male. Was that because you didn't

try to find any women? Increasingly I find a lot of other women out there, and I'd be interested to know if there was any difference between men and women, apart from the fact women are more likely to be drunkards.

Anthony Feinstein: I was very much reliant on the news organisations that gave me lists of names. I did not select the sample, the sample came to me. I don't think war correspondents are more likely to be drunkards. You have to put things in perspective. The Royal College establishes what is acceptable and unacceptable drinking, which is 14 units a week for men and 9 for women. If someone comes in at 10 or 11, you have to be sensible about interpreting it. Looking at our study and comparing the gender data, there were no differences between males and females when it came to scores of PTSD, depression and psychological distress. This is a significant observation because in the general population, females always endorse more of these items giving them higher scores.



John Sweeney
RADIO 5LIVE

It's hard to disentangle one's emotional distress, but I want to say that I love what we do. [Slobodan]

Milosevic is now in jail, and a great many people in Serbia did that, and I do take a small bit of exception to Horst Fass calling it a shitty little war. For me it was a big terrible war happening on my continent in my lifetime, and I feel a real mess. I did Rwanda and Burundi in '88, and at that time it was the Hutu who were being murdered by the Tutsi. It was ghastly. I remember coming home and going to my local Tesco [supermarket], going down the dog-food aisle and bursting into tears because the day before I had been in a refugee camp and to this day I have complete visual recall of people who had been hacked. So, hey, I'm a fully paid-up member of the PTSD club. In the First World War it was called shell shock, so I don't think this is just us.

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I went to Chechnya last year and got into this village. And here was this villager — 18 members of his family had been blown to bits by a vacuum bomb, and he says, “Thank god you’re here.” I feel proud of that moment. The difficulty I have is a simple one. I know the job drives me nuts and that I’m a hopeless dysfunctional, but I continue to do what I do because it makes me feel alive and proud.



Bronwen Maddox
THE TIMES

I wouldn’t want to sound flippant in saying how the stress of being sent to the frontline compares to the

stress of not being sent to the frontline, but we do get a lot of complaints: “Why did you send him and not me?” I was struck by what Janine said about the actual writing about it as a kind of catharsis. I’ve got two questions arising from that: one is whether photographers have it worse. I can’t speak for the people here in TV, but in print we publish nearly every word that describes an atrocity — but we don’t use those photographs. That’s where the reader’s trauma is spared deliberately, possibly at the expense of the photographer’s trauma. My second question is about whether they feel there is pressure on them to take sides.

Dr Frank Ochberg: I have a patient who was involved in an explosion and she had traumatic stress. Now she’s going through a divorce and has got non-traumatic stress, and she says, “Oh, I can deal with that.” She’s celebrating the fact that she can deal with an issue that’s similar to the one you mentioned, of not being sent out. There’s a big difference between traumatic and non-traumatic stress; let’s make that perfectly clear. Traumatic stress has to do with being exposed to certain images. Our mammalian brain has a way of processing those images that is radically different from other forms of arousing and stressful circumstances [arousing/arousal? in? stressful circumstances]. Not everybody is vulnerable to this particular diagnosis, but those of us who are have different memory systems, different ways of handling emotion. Think about it as a radical difference if you’re in the field of sending others out on trauma assignments. Look for the impact of an overdose of a particular kind of imagery.

As for the difference between a print reporter and photographer, there are studies under way in the U.S. with

the National Press Photographers Association, and early results show that they don’t have a higher rate [of post-traumatic stress disorder] than print reporters. But these are the first studies being done, and they have to be expanded and analysed. My feeling is that it is going to have far more to do with the individual than the job.

Dr. Gordon Turnbull: When patients with post-traumatic stress disorder get better — and I assure you, they do — they tend to snap their fingers and say things in accompaniment to that, like ‘Ah, now I see!’ And it always conveys a sense of gaining some sort of insight into those images Frank is describing. There is some scientific evidence that what happens in the memory process is that there is a transfer of visual imagery into a more conscious form, and that the sensory imprint of a traumatic event is imprinted, just like a photograph, onto the non-dominant hemisphere. That is the right hemisphere in right-handed people. But the verbal hemisphere, the part of the brain that makes narrative sense, exists only in one of the hemispheres, in the dominant hemisphere.

“The difficulty I have is a simple one. I know the job drives me nuts and that I’m a hopeless dysfunctional, but I continue to do what I do because it makes me feel alive and proud.”

— John Sweeney

It’s fascinating to hear that last question, because I’ve often thought, what better way for a person that’s exposed to a traumatic event than to have the job to report it, to put it into words? Because that’s what they do; they make a narrative account of images that have been imprinted in their heads. The hostages that I got to know quite well in 1991 all wrote books, and I believe this was all part and parcel of their debriefing process, of making sense of the experience they had had. Somehow they could finish the experience when they wrote the last full stop. If you like a metaphor, the journalists exist in the right side of the brain in right-handed people, and they gather the information and send it across to the editor, who exists in the left-hand side of the brain. And there are certain obstructions to that happening, and they’re the really important things that tend to lead to a

chronic disorder rather than to a resolution. There's an obstruction if the experience is bizarre, and if you don't already have a framework of understanding for what that experience was. You won't have anywhere to put it, and you have to invent it all over again. The only way you're ever going to do that is to muse about it and write about it.



Tim Lambon
*FREELANCER, MAINLY FOR
CHANNEL 4*

This is not really a question but an observation on the catharsis of writing a piece, and [the experience of] cameramen or photographers. One of the things that has always been said, particularly about TV cameramen, is that because we see things through a small black-and-white monitor, we're actually watching TV so a lot of it just goes straight over the head. Although it's not a catharsis, some of that information doesn't imprint as deeply. I've seen cameramen overcome by a particular instance — Rob Cilliers from WTN, who put down his camera in Kisingani and picked up a child after he got the shot, and the world went berserk because that was the image that woke every body up to this tragedy.



Mark Brayne
BBC WORLD SERVICE

Having been a journalist in the field for a very long time and having trained in the past 10 years as a psychotherapist, it's quite a step to stand up as a journalist and say not only have I had counselling but I've also had six years sitting in a classroom. It's been a very rewarding and, at times, extremely painful journey, and I graduated last year with a Master's degree on the personal experience of the foreign correspondent. I'm very grateful to a number of colleagues for having opened up to me. The significant thing that came out of this research was that this is an issue that needs to be talked about. The value of this survey is that it gets the issue into the public domain where it can be looked at and talked about. It gives it a legitimate framework by giving it a label, calling it post-traumatic stress disorder. The danger is that it could be pathologised,

and I'm glad to hear Anthony say that we've got to be careful not to pathologise journalists' reactions to the stories they cover because this is normal; it is a defence mechanism. We all respond to difficulties in our lives in particular ways and the challenge is to work through those difficulties so that our emotional response can be processed from one side of the brain to the other and then move forward. Where we get stuck is when we can't process it, and something quite significant is happening in the journalistic profession that we can start talking about this.

“The value of this survey is that it gets the issue into the public domain where it can be looked at and talked about. It gives it a legitimate framework by giving it a label, calling it post-traumatic stress disorder. The danger is that it could be pathologised”

— *Mark Brayne*

Post-traumatic stress disorder in this survey refers to war journalists in significant conflicts. My experience is not of significant conflict. I was on Tiananmen Square and had the amazing foresight to leave five days before the tanks arrived. But it was still a traumatic experience: 1.5 million people on the streets in China, where I had lived for three years. It was an inspiring, exceptionally emotional and also quite a frightening experience. Romania was rather more violent. I got there just before Ceausescu was executed and I was drawn to the violence like a moth to light. I look back on that with some alarm, because in those days there was no hostile-environment training. I went in with zero preparation; I was an accident waiting to happen. I came out of there physically in one piece, but it had a profound effect on me and that was the turning point, because I realised I had come off the road.

I was struck by Anthony's marital-status figures. I'm a casualty of that; I'm in the 53.6 per cent who are no longer married, in no small measure because of what I experienced in Tiananmen Square. Are we in a mess because we do

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journalism or do we do journalism because we're in a mess? Probably there is a very strong argument that it is a particular kind of person that gets drawn to journalism, so I don't blame my profession for the difficulties I've had in sorting myself out, but it certainly hasn't helped.

“Are we in a mess because we do journalism or do we do journalism because we're in a mess? Probably there is a very strong argument that it is a particular kind of person that gets drawn to journalism, so I don't blame my profession for the difficulties I've had in sorting myself out, but it certainly hasn't helped.”

— *Mark Brayne*

My second point is about better journalism. An emotionally literate is much more likely to be a better journalist. An emotionally literate has labels to attach to these emotional responses that are perfectly normal and human, and is going to be able to process that experience without that experience contaminating their reporting. To be able to report a story you need to have an emotional involvement, but then how do you process your own emotional response? This comes back to Bronwen's question about taking sides. If I look at some of my reporting of Romania or Tiananmen Square, some of it was pretty off the wall; it was not BBC. I was emotionally engaged in the story and pulled into it. If I had been more emotionally conscious, I probably would have done a better job. I would have been able to reflect more accurately the complexity of the situation on Tiananmen Square or in the Romanian revolution.

Emotional literacy is quite a significant element in management training. Daniel Goleman, author of *Emotional Intelligence*, has written a very persuasive paper on the nature of news, which is now required reading on most managers' courses. Managers are trained how to cope emotionally with the stresses they face and the stresses of managing a team. How much emotional training is there for

a journalist? We learn to do interviews, to write a story, to edit digitally. There is very little training in emotional literacy as yet, but this is changing. One of the indicators of that change is the work on hostile-environment training in the past five, six, seven years, and in a way that has allowed an emotional-literacy agenda to creep in the back door. Organisations that have to provide training for journalists to go into difficult places, and protection for them when they're there, also have to think: “How are we going to manage it when they come out again?”

There is a need for a shift of culture. It has been very scary going down this road as a journalist. It has not been easy to talk to my colleagues about this. In fact, for many years at the World Service nobody knew I was doing this. I did not own up. It's quite something for me to be able to do both things together at a meeting like this, but also for the climate to be such that it's okay to do that — and that was not the case five years ago. Investment in awareness of emotional literacy is a cracking good investment on the part of journalistic organisations. It's win-win. It's healthier individuals, healthier organisations and better journalism. As Frank Ochberg said, we matter. The picture that we paint of the world back to itself is the way the world is going to understand itself, and the more accurate and sophisticated a job we can do on that, the more adequately we are meeting our responsibilities.

“I did have post-traumatic stress disorder and I did absolutely nothing about it until about 18 months ago. Then I did go and see somebody, and I did get better. I just want to tell people that you can recover from this.”

— *Charlotte Eager*

Unidentified: I'd like to know what kind of psychological services are available in the big organisations nowadays. A friend worked at a big news agency and was asked to go to Sierra Leone. He didn't have much experience and he didn't want to go, but he felt pressured into it. He felt he wouldn't be seen as “one of the boys” if he didn't go. He didn't go, in the end. But I

just wanted to know what services are available amid this culture of machismo, and whether you are allowed to talk about your problems or fears if you are asked to go somewhere you don't want to go.

Mark Brayne: At the BBC there is a confidential counselling service available, provided by an outside organisation. When it was taken up by the BBC, there was huge resistance and press coverage at the time about “journalistic wimps” and “BBC wasting public money on sissy schemes.” It was desperately depressing, but it has taken root and it is there. The question is how many people would feel okay about turning to it.



Charlotte Eager
SUNDAY TELEGRAPH

I did have post-traumatic stress disorder and I did absolutely nothing about it until about 18

months ago. Then I did go and see somebody, and I did get better. I just want to tell people that you can recover from this.

John Gibb (Trauma International): We are the only U.K. agency dedicated to working with children traumatised by war and disaster. NGOs [non-government organisations] are increasingly denying the fact that post-traumatic stress disorder exists, and I'm very glad Frank Ochberg has put his statement forward today. I'm worried about clinicalising this, and I want to bring the experts in as to what is normal, what is abnormal, and should we label them?

Dr. Frank Ochberg: Psychiatry is a field that stigmatises. If we give a diagnosis, if we talk to you, you're stigmatised. As a society, we should grow up and get over it. From the testimonials we've heard here today from people who have received treatment using modern methods, we can see it works. By and large most of us up here on this panel have had lives outside our clinical lives and can be of collegiate help in sorting out problems. I'd love to know what services are available in this country's media organisations; I believe it is just beginning. There is a feeling among journalists that they don't deserve it because they're not combatants. These studies are showing that the damage is there.

I believe there are profound genetic differences in the organisations of our brains. Some of us are born with the type of brain that is more vulnerable to post-traumatic stress disorder. This disorder has an obsessive quality to it. There's a brain pathway that runs between an emotional centre and a thought centre, and it's called the singular gyrus. That part of the brain lights up when people with post-traumatic stress disorder are asked to remember traumatic experiences. It suggests that some of us are going to be plagued by this particular problem, and even plagued by it so that we can manage it. There are some medicines that help, and with the right kind of diagnosis and help, it is diminished. It's like treating diabetes. If we can get past the attitude of stigmatising it, we can ameliorate it.

“A colleague of mine was killed recently who I was paying £12.50 for each story, and today my children have got a father and his haven't. What study have you or anybody done about the trauma of these people? They are reporting on victims who are people that they know, friends. Then there are the people like us who feel guilty, responsible for sending them out.”

— *Priyath Liyanage*

Dr. Gordon Turnbull: I agree with all of that. Before I went into psychiatry I had been a proper doctor for some time, and there was quite a lot of stigma. I remember announcing this decision to my mother, and she said, ‘Isn't that such a waste of all that time you spent at medical school?’ When I entered psychiatry, it was a study of the diseases of the mind, but it's no longer that. It is a study of the underlying brain processes and behaviour. It is the medical specialty that links some of the physically orientated medical specialties to psychology, philosophy and all the other parts.

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There is tremendous optimism in this field about the improvement and cure of this. I see it very much as a survival instinct, particularly initially, because these memories get stuck and don't get processed in the usual way. There could be a genetic element as well, because when there's a bizarre experience, it doesn't get processed that easily. But there is some evidence now emerging about the brain. Until now we have thought that nerve cells don't regenerate when the cortisol that was mentioned earlier has a damaging effect. We've already mentioned that the hippocampus is one of the essential components of the memory-processing system, just like in a computer, and it seems to get burned by the process of imprinting big nasty experiences. But the hippocampus is one of the few parts of the brain where there is evidence that neurons do regenerate. MRI [magnetic resonance imaging] scans have shown us that when a brain is affected by post-traumatic stress disorder, the hippocampus shrinks, but after successful treatment the live cells regenerate and the hippocampus swells.



Priyath Liyanage
BBC WORLD SERVICE

Anthony, you've been studying Western journalists who fly in and fly out again. But what about the journalists that actually live there? A colleague of mine was killed recently who I was paying £12.50 for each story, and today my children have got a father and his haven't. What study have you or anybody done about the trauma of these people? They are reporting on victims who are people that they know, friends. Then there are the people like us who feel guilty, responsible for sending them out.

Anthony Feinstein: Your point is well taken. We started with a study that was easier to do. When you start dealing with local journalists, you run into all sorts of problems — language, the logistics of getting the forms there. They're not easy studies to do; that doesn't mean they shouldn't be done. I would guess that the findings of this study would be magnified considerably if we went in and did it locally.

John Owen: Can I just point out that Anthony has been in Namibia determining the mental health of a country after colonialism.

Anthony Feinstein: There are enormous difficulties dealing with mental health in the Third World. You have to deal with rating scales that you've used over here that may not be valid in a population that has a different culture.

Janine di Giovanni: My heart really goes out to you because it goes back to my original point that we're all incredibly privileged to be sitting here. And Sharon, when you said about your friend feeling that he was being forced to go and cover a story — that is so unusual. I've never heard of that before. The whole point of this is that we can leave and those people can't, and they're not getting the same attention we are.

John Owen: I must plead guilty to a generation of people within news organisations who categorised people who didn't want to go to these places. There did develop a stigma inside news organisations around somebody who could have gone somewhere, but didn't.

Colin Bickler (City University): Careers depended on it.



Philip Knightley
AUTHOR OF THE FIRST CASUALTY

I'm slightly bewildered about what people like Alan Moorehead, Chester Wilmot, Ernest Hemingway and Martha Gellhorn would have made of what we're talking about tonight. The panel doesn't seem to have considered that there might be war correspondents who do it because they enjoy it. What about those who love that little sprint along the edge of death?

Allan Little: I think that everybody in this room knows that and takes it as read. It doesn't mean it doesn't fuck you up sometimes.

Anthony Feinstein: If we get back to the data, the results show that some people do like it a lot, and three-quarters of the people are fine. You don't want to psychopathologise a whole industry, but at the same time you've got to recognise the significant minority that might end up distressed.

Mark Brayne: It's important to recognise that a lot of correspondents do it because they love the job. They do an incredibly important job, and it is a job that needs to be done. I think it can be done with less damage.

Dr. Frank Ochberg: I've found that it's always dangerous as a psychiatrist to speak to reporters about the problems they have. What I'm hearing is people in the profession saying that there are problems and that these problems can be addressed. When they are addressed we do better, and why can't all of us in the room do something collectively to address that reality?

Dr. Gordon Turnbull: Napoleon once said that there is nothing more stultifying to progressive human thought than a successful war. He was right, up until Vietnam, until the *DSM III*² hauled this concept of post-traumatic stress disorder on board. It has been challenged and ripped apart but it's still here. It's a biological fact, and it affects people in certain professions, especially the media. What are we going to do about that? We need to convert this interest and energy into something practical.

Allan Little: We do the job because we love and enjoy it and believe in its values. But don't delude yourself into thinking you can spend a lifetime doing this and come out unscathed — it's ridiculous, it's not grown up. But that doesn't mean that it's in some way self-indulgent. I believe in self-policing: You should educate yourself about your own head and whether you're suited to the job. Sort yourself out, decide whether you really want to do it, why you want to do it, and then go and do it. But to ignore it and think you can have a normal life — and the people you live with can have a normal life with you going off to a war zone indefinitely — is absurd, adolescent and we ought to face it.

Janine di Giovanni: I keep remembering a conversation I had with Anthony, where I described something hideous and he said, "Why are you going back?" I think the reason is that I love the job. As for broken relationships and addictions, I wonder whether these people would have suffered this anyway in other circumstances.



Sheena Macdonald
FREELANCE PRODUCER

My partner is on the panel. He (AF) said something about PTSD and its effect on Partners. I would strongly recommend Anthony to think really seriously about that as a completely virgin territory. Because if your partner is someone, you've realised much, much later, isn't just a man drunk, but is actually suffering from PTSD — it puts everything in certain perspective. But I still love him.

Anthony Feinstein: This is only a single study and just a first step. There is much more work to be done — looking at the families of war correspondents, looking at local war correspondents — but perhaps this is a start.

² *Diagnostic Statistical Manual of Mental Disorders, Third Edition*, commonly referred to as DSM III, was the manual published in 1980 by the American Psychiatric Association to guide the diagnosis of mental disorders.