War, journalists and psychological health

For journalists who work in war zones, their profession presents many hazards. Organisations such as Reporters Without Borders and the International News Safety Institute keep statistics on the number of journalists killed in the line of work. To date, 46 journalists have died in the ongoing Iraq war and two more are missing, presumed dead. There is sadly nothing new in these numbers. Over 1200 in the profession have died since data collection began a decade back.¹

Mortality, however, only tells part of the story. For every dead journalist there are many more who have been wounded and maltreated, the latter involving beatings, intimidation, mock executions and robbery. Which all begs the question: how have journalists fared psychologically when faced by such a troubling array of hazards? To answer that question, a study was recently completed with the assistance of the world's largest television news networks, namely CNN, BBC, Reuters, Associated Press, ITN and the Rory Peck Trust, a charity representing freelance cameramen.² One hundred and seventy war reporters, photographers, producers and cameramen were asked to complete a detailed series of questionnaires. Over 80 percent agreed to participate, the high enrollment rate suggesting the journalists were eager to explore an area of their lives that had, until then, escaped the attention of trauma researchers. In addition, one in five of the journalists underwent a structured face to face psychiatric interview. To place the results in a more meaningful clinical context, a control group of 107 journalists who had never so much as sniffed the winds of war underwent the same assessment.

The results revealed, not surprisingly, significant group differences, The war group had many more symptoms of posttraumatic stress disorder (PTSD), major depression and general psychological distress. Furthermore, their mean weekly alcohol intake exceeded the recommended thresholds for both men and women.3 When it came to formal psychiatric diagnoses, the lifetime prevalence of PTSD approached that of combat veterans, while the rates for major depression were two to three times that of the general population. These figures were also well above those reported in police exposed to violence. What was equally noteworthy was that the journalists who had been psychologically traumatised by the nature of what they had experienced and witnessed were no more likely than their non-traumatised colleagues to have seen a mental health specialist for therapy. This last finding was a wake-up call to the management of news organisations who had tacitly assumed their employees could simply swan off to war with psychological impunity.

One intriguing aspect of war journalism the study's methodology did not investigate was motivation. Faced with such appalling losses, what drives journalists to venture repeatedly into areas of grave danger? For the mean duration of years worked as a war journalist in the study quoted was 15 years. This meant there is no career war journalist who has not lost a colleague and close friend in a zone of conflict. In the absence of empirical data, theories must suffice, although there is a large behavioral literature devoted to risk taking and sensation seeking behavior in general that is informative. Much as the journalists abhor this terminology, some of these findings will be applicable to themselves as well.⁴ For example, higher levels of dopamine courtesy of lower monoamine oxidase inhibitor levels has been linked to risk taking. This biochemical profile is found more often in young males who have eschewed marriage or a commitment to a long term relationship. In the war journalist study, almost 80 percent of the sample were male, the average age was less than 40 years and most were single or divorced, a profile fundamentally different from the non-war journalist group.

Informative as these data are, a reductionist approach that posits neurotransmitters as the only factor underpinning motivation is unsatisfactory. Environmental influences ranging from ambition to a heightened social conscience allied with a desire to speak for the silent masses dispossessed and rendered voiceless by war are important too. As with all behavior, it is the interplay between a biochemical template, determined in large measure genetically, and a formative social milieu that offers the most plausible explanations.

To the credit of certain news organisations, the findings of high lifetime levels of psychopathology within their profession have been taken seriously. For the first time, there are now confidential counselling services offered to journalists back from war. These modest gains are, however, offset by a number of persisting negative factors. The profession is still, in parts, dominated by a macho culture that frowns upon psychological insights as little more than meaningless psychobabble. Harkening back to a bygone era that equated war journalists with individuals who possessed the 'right stuff' such an attitude is meant to shame the emotionally troubled into silence. Whether these views win out or not is up to the journalists themselves, with a little help via education from psychiatrists and psychologists. War will always be with us and there will always be a plentiful supply of young journalists, predominantly male but with a significant female minority queuing up eagerly to keep society informed. Faced with a plethora of dangers, some will develop PTSD and depression amongst other disorders. This should never be allowed to invalidate their professional credentials. Rather, it will be one mark of the profession how these colleagues are treated. An enlightened approach that routinely offers treatment benefits all for good journalism is dependent on healthy journalists.

References

- 1. http://www.newssafety.com/insihome/index01.html
- 2. Feinstein A, Owen J, Blair N. A hazardous profession: War, journalists and psychopathology. Am J Psychiatry 2002;159: 1570-1575.
- 3. Bondy S, Ashley MJ, Rehm JT, Walsh G. Low risk drinking guidelines: the scientific evidence. Can J Public Health. 1999;90:272-6.
- 4. Feinstein A. Dangerous Lives. Toronto : Thomas Allen, 2003.

Professor Anthony Feinstein

Department of Psychiatry, University of Toronto and Sunnybrook and Women's College Health Sciences 2075 Bayview Avenue, Toronto, Ontario M4N 3M5, Canada. e-mail: antfeinstein@aol.com