Psychological effects of Terrorism on News Reporters: A Case Study of Peshawar Press Club

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Abstract: The objective of this study is to determine the frequency and severity of Post-Traumatic Stress Disorder (PTSD) symptoms in journalists of Peshawar. A self-report 17-items questionnaire based on PTSD civilian version (PCL-C) was administered to 252 working journalists of Peshawar Press Clubs. The findings revealed that 17.3% of journalists exhibit extreme while 31.1% show higher PTSD symptoms. Since this paper is aimed at journalists, their unions, media houses and NGOs, therefore, specialized jargons of psychiatric literature have been avoided. Instead, simple language has been used. The paper stresses the need that psychiatric establishment and media industry should build a joint body of knowledge to create awareness and a conducive environment for journalists to seek counselling. Although the law-and-order situation has now improved, there is a dire need for post-conflict reflexivity. Also, PTSD symptoms sometimes appear at quite later stages.

Key Words: PTSD, War and Conflicts, Working Journalists, Peshawar, Khyber Pakhtunkhwa

Introduction:
For forty years, Pakistan had joined the American war against the Soviet Union in 1979, and after 9/11 once again, both Pakistan and the US joined hands this time to fight the same Frankenstein Monster-the Taliban and other Islamic militants that they had so lavishly created, Pakistan and specifically Khyber Pakhtunkhwa has remained one of the highly militarized and battlefield regions of the world. During these four deadly decades, parallel to the inestimable sufferings meted out to common people, mostly Pakhtuns, journalists working in this ground zero have also enormously suffered. Hundreds of bombs, car blasts and suicide attacks have drowned markets, worship-places, weddings, funerals and almost every social, cultural and political sphere in the blood of thousands of innocent women, men and children. State and non-state terrorist violence became a permanent part of

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daily life in Khyber Pakhtunkhwa. For the last 40 years, covering tragedy, grief, and victims have been at the heart of Pakistan’s journalism. But the most daunting task falls on the reporters and cameramen who have to head towards the very danger that other people run from. Reporters don’t have the option to stay away as they have to cover first hand deadly conflicts, violence, human suffering and other atrocities. But they pay a heavy personal price for it (Ricchiardi, 2016). Covering grisly events create lasting and crippling memories which haunt journalists for years. “They can’t sleep for days, and it takes them years to shake off the effects the incidents have had on their lives” (Khan, 2019).

Besides, terrorism has ushered in a culture of impunity in Pakistan in which threaten to death and attacking journalists as well as bombing media houses has been a norm. But terrorism has another consequence for journalists, which is more serious and personal in nature but less investigated. Repeated exposure to horrific events leads to an increased risk of developing, besides other psychopathologies, Post-Traumatic Stress Disorder (PTSD). The psychological fallout of reporting bombings, militancy and drone strikes cause journalists to re-experience the trauma in the form of “flashbacks, nightmares and unwanted intrusive recollections coupled with difficulties concentrating, hypervigilance, insomnia and irritability” (Feinstein, Wanga, & Owen, 2015).

Adding insult to injury, media, public policymaking bodies and academia don’t adequately debate the heavy toll of terrorism which is affecting the mental health of the journalists. Information on the psychological well-being of reporters covering conflicts is critically lacking, specifically in Khyber Pakhtunkhwa, the mass human shield of imperialist wars. Rehman pointed out that generally, in Pakistani society, “there is a dismissive–almost flippant–attitude towards trauma or stress-related psychological disorders” (Rehman, 2015). But journalists, media organizations and both journalism and psychology schools in Pakistan have particularly been ignorant of the psychological well-being of media workers. The reason, Khan (2019) argues, is that journalists mostly believe that they are immune to the impact of violence and tragedy. This belief on the part of journalists renders their own suffering irrelevant and invisible. However, the reality is they do get mentally damaged but suffer in silence (Khan, 2019). “In an environment where senior journalists and newsroom managers pay little heed to the emotional well-being of reporters, very few come forward to express their problems and seek counseling” (Khan, 2019).

Dr. Anthony Feinstein, a pioneer researcher of the psychological impacts of war—including PTSD—on journalists, has also identified “the inability of many journalists in Pakistan to recognize psychological symptoms, and the dismissive attitude of seniors in this profession” (cited by Khan, 2019). The issue also receives little to no attention from research and the academic community. “In the absence of quantifiable evidence to shed light on journalists and their mental health, the reluctance of most media houses to invest in the emotional – and physical – well-being of their daily reporters further adds to the gravity of this problem” (Khan, 2019).

Therefore this paper is an attempt to assess the psychological health problems of
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journalists working in district Peshawar which is the part of Khyber Pakhtunkhwa (KPK), who has been reporting on and exposed to, extreme war, violence and bloodshed for the last many decades. Although the security situation in the province has remarkably improved after the Army launched a decisive operation Zarb-e-Azb against militants in 2014, there is a potential link of “the aftermath of conflicts to psychological issues and higher rates of prevalence of PTSD among the survivors” (Feinstein, Osmann, & Patel, 2018). Feinstein et al. (2018) further argue that from the evidence, it appears that some people are more affected by a traumatic event over a longer period of time than others, depending on gender, the nature of the incident, such as destruction and devastation, as well as injury and death. Although the myriad factors can cause developing PTSD in journalists, the most important is exposure to traumatic events (Feinstein, Osmann, & Patel, 2018). Moreover, “PTSD is a highly widespread lifetime disorder that frequently continues for years, with an increasing recognition of deep and long-lasting detrimental effects on health, professional obligations and quality of life” (Feinstein, Osmann, & Patel, 2018). Therefore, there is a dire need to conduct studies about the psychological health of Khyber Pakhtunkhwa’s journalists as part of the broader post-conflict needs assessment endeavors and then build preemptive policies and bid effective interventions.

Scope of the Study

Pakistani society, in general, is not sympathetic to those seeking psychological help. Although, with more information now reaching to common people via social media and awareness campaigns being waged, the public attitude is slowly changing the societal stigma and ridicule associated with and the collective cultural insensitivity towards mental illness is still a big obstacle. In the journalist community, too, the biggest barrier to seeking counseling to help cope with depression and trauma is this cultural stigma and the fellow workers’ deriding attitude (Houreld & Ahmad, 2014). Rehman (2015) argues that the journalistic culture in Pakistan prepares you very quickly to be “tough”. Similarly, Khan contends, “there is a macho culture and deeply-rooted stigma surrounding matters of the mind which permeate through newsrooms and reporting fields all over the country. In a male-dominated profession like journalism, people hesitate to talk about their emotions—especially related to the job. Most reporters are probably happy just to have jobs. They are acutely aware if they show any ‘weaknesses or vulnerability, somebody else will be more than willing to step up” (Khan, 2019). Moreover, since bombings, targeted killing and mob lynching incidents are very common in our society, so both news producers and consumer have become desensitized to violent killings (Rehman, 2015). This desensitization leads people to ignore their mental health, and psychological diseases become naturalized.

Besides terrorism, there are many other factors that also affect the mental well-being of news workers. “Pressure comes from various sources, including intelligence agencies and political parties, as well as criminal/terrorist networks” (Khan, 2019). These factors, however, does not include daily workplace stressors, such as deadlines, long work hours, low, delayed or non-payment of wages and frequent salary cuts. But in Pakistan, “little to
no research has been done on the impact of prolonged reporting on violent and traumatic events as well as the extreme stress of newsrooms have on journalists” (Khan, 2019). This study attempts to fill some of this research gap.

**Why Peshawar**

“Exposure to violence in Pakistan is far more frequent compared to most other countries, and many journalists fear for their jobs as well as their lives” (Khan, 2019). The country was ranked the fourth deadliest for journalists in the world by the International Federation of Journalists, which published its report this year (Khan, 2019). From 1992 to 2015, more than 56 journalists have been killed in Pakistan (CPJ, 2015). But the most affected part in Pakistan is Khyber Pakhtunkhwa and its capital Peshawar. Terrorism has crippled this province and its people to the core. Being the frontline territory, the province has been witnessing war and destruction for the last 40 years. Due to Peshawar’s proximity to the former federal, tribal areas (FATA)-where United States, Pakistan Army and Taliban jointly dance to the tunes of ‘war on terror on the blood and bodies of tribal Pashtuns- the city became a hub for local and foreign journalists to report on the war. But foreign reporters and those from Pakistan’s metropolitan centers mostly stayed in safe hotels in the city while using local reporters and ‘fixers’ who remained utterly exposed to danger. After 2008, the Taliban started hitting Peshawar and all other major districts of Khyber Pakhtunkhwa, apparently as reprisals for the Pakistani military’s campaigns against militants in FATA. This took a heavy toll on the population as well as journalists. Peshawar press club, which is considered the “home of Khyber Pakhtunkhwa journalists”, was also attacked by a suicide bomber in 2009, in which four people were killed (Khan & Masood, 2009). As a result of this violence and destruction, Khyber Pakhtunkhwa registered an alarming increase in mental illnesses (DAWN, 2013). Similarly, the Pakistan Psychiatric Society (PPS) reported that more than two million citizens of this province were the victims of various mental diseases (Yousafzai & Khankhel, 2019).

Over the past decades, journalists were left with no alternative but to cover misery, death and mayhem in this Pashtun dominated province. From 2007 to 2015, news reporters had to cover several bomb blasts and suicide attacks in a single day. The psychological distress not only did emanate from exposure to gory scenes of all-over bloodshed and scattered part of human bodies but also threats from the militants in case they published something antagonistic to their interests. According to Freedom Network, 33 journalists (seven from Khyber Pakhtunkhwa) were murdered for their journalism work in Pakistan during the past six years (2013-19), including seven in the past one year (2018-19) alone (DAWN, 2019). Similarly, media houses and reporters had received intimidation from the state intelligence agencies (Freedom House, 2011; Ellis-Petersen & Baloch, 2019). All these factors conjure up to summon a heavy material and mental toll on journalists reporting from this war-ravaged Pashtun heartland.

**The Psychological Effects of War on Khyber Pakhtunkhwa Journalists: Literature Review**

As Feinstein, Owen, & Blair (2002) have
pointed out that researchers often study PTSD among trauma survivors, but they rarely look to the directly or indirectly exposed media persons to similar events. They posit that the physical proximity to traumatic events is directly proportional to a greater probability of experiencing psychological trauma. Media workers are naturally the closest to traumatic incidents as they have to rush, witness, cover and report them. Although there are general guidelines for them to follow, when reporting, for example, a bomb blast, they must blur the image and avoid showing horror, but they themselves are witnessing it, and there is no filter to blur or hide the depredations (Feinstein, Owen, & Blair, 2002). It is due to these reasons that Feinstein et al. (2002) suggest that journalists are at high risk of experiencing PTSD. Moreover, besides covering the events, journalists have to live with trauma as they interview the survivors and the family members of those who have lost lives in tragic incidents. DAWN’s journalist Atika Rehman who edited the 144 stories of the slaughtered Army Public School Peshawar children, recounts: “Summoning the strength to speak to grieving parents, spouses and siblings of young victims and their teachers was a heartbreaking experience which left us shattered. It was a harrowing journey to tell the stories” (Rehman, 2015).

Similarly, Philip (2000) argues that the public and even psychiatrists perceive journalists as somehow emotion proof. But that is not the case since journalists are humans too and can be severely affected (Philip, 2000). In the same way, Wessendorf & Sheikh (2018) have studied how frontline journalists are affected by their work of covering war and man-made and natural disasters. They argue that journalists’ work, performance and general well-being are also affected by factors such as deadlines, work hours, low or delayed salaries, high levels of competition and constant exposure to war newsfeed. But “while some reporters sustain physical injuries on the job, for most the impact is largely emotional – anxiety, insomnia, flashbacks, low self-esteem, and difficulties in relationships or substance abuse” (Wessendorf & Sheikh, 2018). Wessendorf & Sheikh (2018) quote Dr. Asha Bedar who works with trauma center established for journalists in Karachi saying that “mental health issue remains one of the least understood and most stigmatized issues in Pakistan’s health sector” (Wessendorf & Sheikh, 2018). “Media houses don’t protect their journalists and aren’t always interested in doing so. Journalists are seen as a dime a dozen and disposable” (Maher cited by Wessendorf & Sheikh, 2018). Similarly, Khan (2019) quotes Sehrish Shaban, a psychologist saying that many journalists in Pakistan still don’t know how to talk about the subject. “There is a serious need to build a vocabulary around trauma in Pakistani newsrooms” (Khan, 2019).

While searching literature on the psychological effects of war on journalists in Pakistan, a serious lack was noted. Specifically, except for a few newspaper articles, no study has examined the mental health of journalists working in Khyber Pakhtunkhwa. This study aims to compensate for some of this academic negligence.

A Few Recent Developments
It was only 15 years ago that “Post-Traumatic Stress Disorder (PTSD) was acknowledged in
the field of journalism—one of the last professions to recognize the serious disorder” (Khan, 2019). According to Khan (2019), the American Psychiatric Association (APA) only in 2013 included its definition of work-related PTSD, the repeated and indirect exposure to distressing material.

From 2010 onwards, some international media bodies and NGOs started raising awareness about Journalists’ psychological predicaments in Pakistan. Since then, three centers have been launched which provide psychological counseling to media workers. First was the Competence and Trauma Center for Journalists established in 2014 by the joint efforts of two departments; Psychology and Journalism of the University of Peshawar in collaboration with DW Akademie, a German media company (Khan, 2019). The center aims to attend to the psychological needs of the hundreds of journalists in the embattled region of Khyber Pakhtunkhwa and the ex-FATA. The facility “receives referrals for journalists who seek counseling through the Peshawar Press Club and the Khyber Union of Journalists and the therapy is free of cost” (Khan, 2019). The second center is in Karachi, which is run by the Centre for Excellence in Journalism. Finally, the Quetta center is managed and funded by the non-governmental organization Individual land.

Altat Khan, the then Chairman of Journalism department, the University of Peshawar under whose aegis the first center was established, reveals that war and instability is the cause of surge in mental health issues. “I have observed overtiredness, irritation and sleeplessness among the journalists who cover violent incidents. They are extremely frightened and uncertain about their future” (cited in Bacha, 2014). Similarly, Farhat Naz, a psychotherapist who worked at the center says that journalists who visit the facility record symptoms of anxiety, sleep deprivation, depression and, in some cases, PTSD. Moreover, Khan (2019) argues that after experiencing and reporting at traumatic events, many journalists get flashbacks and regularly suffer nightmares. Besides that journalist suffer themselves, their family members are also affected, “as journalists return home appearing irritable and aggressive, losing their temper more frequently” (Khan, 2019). Even studies on partitions (for instance, India-Pakistan 1947), “the Holocaust and the Palestinian conflict, as well as laboratory tests on animals, have suggested that trauma has intergenerational effects” (Waziri & Kapur, 2020).

Research Design

This study administered a self-report psychometric questionnaire to journalists from Peshawar Press Club. Descriptive psychological responses were elicited to PTSD stressors using the PTSD checklist civilian version (PCL-C) that closely follows the criteria of the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV). The instrument consists of 17 questions, and every single question indicates a symptom of PTSD. Respondents were instructed to read each item and indicate how frequently that item was true for them in the past month and tick one of the five Likert-type choices: Not at all, A little bit, moderately, Quite a bit, and Extremely.

The PCL-C 17 is mainly used to measure three types of symptoms: Re-experiencing,
Avoidance & Numbing, and Hyper Arousal Symptoms. These 17 questions have been grouped in three clusters by the International Society for Traumatic Stress Studies (ISTSS, 2019). Item 1-5 measure Re-experiencing Symptoms, 6-12 Avoidance and Numbing symptoms and 13-17 score Hyper-Arousal symptoms.

However, this should be noted that PCL-C 17 is “considered robust and valid instruments for recording psychopathology that can arise following traumatic events, but it only captures symptoms and cannot by themselves generate diagnoses” (Feinstein, Wanga, & Owen, 2015).

Data Analysis
Responses to every question have been structured in tables. Every table shows the number of journalists (n) choosing any of the five options and their respective percentage. The analysis groups the responses according to the three categories devised by ISTSS (2019). Every category is followed by a brief analysis. After listing all the three categories, a combined table has been drawn succeeded by a detailed analysis.

Findings
Cluster 1: Item 1-5 (Re-experiencing Symptoms)
Question 1: “Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?”

| Scale            | PPC (n) | PPC %  |
|------------------|---------|--------|
| Extremely        | 13      | 6.5%   |
| Quite a bit      | 73      | 36.5%  |
| Moderate         | 33      | 16.5%  |
| A little bit      | 67      | 33.5%  |
| Not at all       | 14      | 7%     |
**Question 2:** “Repeated, disturbing dreams of a stressful experience from the past?”

**Table 3.** Responses to Q2

| Scale            | PPC (n) | PPC %  |
|------------------|---------|--------|
| Extremely        | 93      | 46.5%  |
| Quite a bit      | 60      | 30%    |
| Moderate         | 39      | 19.5%  |
| A little bit      | 6       | 3%     |
| Not at all       | 2       | 1%     |

**Question 3:** “Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?”

**Table 1.** Responses to Q3

| Scale            | PPC (n) | PPC %  |
|------------------|---------|--------|
| Extremely        | 54      | 27%    |
| Quite a bit      | 72      | 36%    |
| Moderate         | 54      | 27%    |
| A little bit      | 20      | 10%    |
| Not at all       | 0       | 0%     |

**Question 4:** “Feeling very upset when something reminded you of a stressful experience from the past?”

**Table 5.** Responses to Q4

| Scale            | PPC (n) | PPC %  |
|------------------|---------|--------|
| Extremely        | 73      | 36.5%  |
| Quite a bit      | 100     | 50%    |
| Moderate         | 21      | 10.5%  |
| A little bit      | 6       | 3%     |
| Not at all       | 0       | 0%     |

**Question 5:** “Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?”

**Table 2.** Responses to Q5

| Scale            | PPC (n) | PPC %  |
|------------------|---------|--------|
| Extremely        | 20      | 10%    |
| Quite a bit      | 72      | 36%    |
| Moderate         | 54      | 27%    |
| A little bit      | 54      | 27%    |
| Not at all       | 0       | 0%     |
Combine analysis of the responses from the first cluster (Re-experiencing Symptoms)

Table 3. Combined analysis for cluster 1 symptoms

| Scale         | Frequency of scale | %   |
|---------------|--------------------|-----|
| Quite a bit   | 377 times          | 37.7|
| Extremely     | 253 times          | 25.3|
| Moderate      | 201 times          | 20.1|
| A little bit  | 153 times          | 15.3|
| Not at all    | 16 times           | 1.6 |
| Total (200×5) | 1000 responses     |     |

The analysis shows that 37.7% and 25.3% of the journalists reported higher and highest PTSD type intrusion/re-experiencing symptoms, respectively. If totalled, it constitutes 63% which indicates an alarming mental health situation among journalists working in Peshawar.

Cluster 2: Items 6-12 (Avoidance& Numbing symptoms)

Question 6: “Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?”

Table 4: Responses to Q6

| Scale         | PPC (n) | PPC % |
|---------------|---------|-------|
| Extremely     | 39      | 19.5% |
| Quite a bit   | 93      | 46.5% |
| Moderate      | 33      | 16.5% |
| A little bit  | 21      | 10.5% |
| Not at all    | 14      | 7%    |

Question 7: “Avoid activities or situations because they remind you of a stressful experience from the past?”

Table 5. Responses to Q7

| Scale         | PPC (n) | PPC % |
|---------------|---------|-------|
| Extremely     | 14      | 7%    |
| Quite a bit   | 80      | 40%   |
| Moderate      | 54      | 27%   |
| A little bit  | 47      | 23.5% |
| Not at all    | 5       | 2.5%  |

Question 8: “Trouble remembering important parts of a stressful experience from the past?”

Table 6. Responses to Q8

| Scale         | PPC (n) | PPC % |
|---------------|---------|-------|
| Extremely     | 34      | 17%   |
| Quite a bit   | 73      | 36.5% |
| Moderate      | 33      | 16.5% |
| A little bit  | 60      | 30%   |
| Not at all    | 0       | 0%    |

Question 9: “Loss of interest in things that you used to enjoy?”
Table 7. Responses to Q9

| Scale       | PPC (n) | PPC %  |
|-------------|---------|--------|
| Extremely   | 33      | 16.5%  |
| Quite a bit | 47      | 23.5%  |
| Moderate    | 47      | 23.5%  |
| A little bit | 60      | 30%    |
| Not at all  | 13      | 6.5%   |

Question 10: “Feeling distant or cut off from other people?”

Table 8. Responses to Q10

| Scale       | PPC (n) | PPC %  |
|-------------|---------|--------|
| Extremely   | 0       | 0%     |
| Quite a bit | 39      | 19.5%  |
| Moderate    | 47      | 23.5%  |
| A little bit | 87      | 43.5%  |
| Not at all  | 27      | 13.5%  |

Question 11: “Feeling emotionally numb or being unable to have loving feelings for those close to you?”

Table 9. Responses to Q11

| Scale       | PPC (n) | PPC %  |
|-------------|---------|--------|
| Extremely   | 20      | 10%    |
| Quite a bit | 87      | 43.5%  |
| Moderate    | 47      | 23.5%  |
| A little bit | 32      | 16%    |
| Not at all  | 14      | 7%     |

Question 12: “Feeling as if your future will somehow be cut short?”

Table 10. Responses to Q12

| Scale       | PPC (n) | PPC %  |
|-------------|---------|--------|
| Extremely   | 67      | 33.5%  |
| Quite a bit | 100     | 50%    |
| Moderate    | 13      | 6.5%   |
| A little bit | 20      | 10%    |
| Not at all  | 0       | 0%     |

Combined Analysis of the Responses from the Second Cluster (Avoidance & Numbing Symptoms)

Table 11. Combined analysis for cluster 2 symptoms

| Scale     | Frequency of scale | %     |
|-----------|--------------------|-------|
| Quite a bit | 519 times          | 37.07 |
| A little bit | 327 times          | 23.35 |
| Moderate   | 274 times          | 19.57 |
This table reveals that 37.07% and 14.7%, i.e. half of the journalists, exhibit higher Avoidance & Numbing symptoms. Only 5.21% of them, if they have responded honestly, are safe from the damaging effects of war reporting. It shows the industry’s half news crew is suffering from acute mental illnesses.

Cluster 3: Item 13-17 (Hyper-Arousal symptoms)

Question 13: “Trouble falling or staying asleep?”

Table 12. Responses to Q13

| Scale       | PPC (n) | PPC % |
|-------------|---------|-------|
| Extremely   | 28      | 14%   |
| Quite a bit | 93      | 46.5% |
| Moderate    | 73      | 36.5% |
| A little bit| 0       | 0%    |
| Not at all  | 6       | 3%    |

Question 14: “Feeling irritable or having angry outbursts?”

Table 13. Responses to Q14

| Scale       | PPC (n) | PPC % |
|-------------|---------|-------|
| Extremely   | 0       | 0%    |
| Quite a bit | 33      | 16.5% |
| Moderate    | 67      | 33.5% |
| A little bit| 73      | 36.5% |
| Not at all  | 27      | 13.5% |

Question 15: “Having difficulty concentrating?”

Table 14. Responses to Q15

| Scale       | PPC (n) | PPC % |
|-------------|---------|-------|
| Extremely   | 20      | 10%   |
| Quite a bit | 39      | 19.5% |
| Moderate    | 48      | 24%   |
| A little bit| 93      | 46.5% |
| Not at all  | 0       | 0%    |

Question 16: “Being super alert or watchful on guard?”

Table 15. Responses to Q16

| Scale       | PPC (n) | PPC % |
|-------------|---------|-------|
| Extremely   | 14      | 7%    |
| Quite a bit | 6       | 3%    |
| Moderate    | 20      | 10%   |
A little bit 100 50%
Not at all 60 30%

**Question 17:** “Feeling jumpy or easily startled?”

**Table 16. Responses to Q17**

| Scale          | PPC (n) | PPC % |
|----------------|---------|-------|
| Extremely      | 73      | 36.5% |
| Quite a bit    | 20      | 10%   |
| Moderate       | 20      | 10%   |
| A little bit   | 60      | 30%   |
| Not at all     | 27      | 13.5% |

**Combined analysis of responses from the third cluster (Hyper-Arousal symptoms)**

**Table 17. Combined analysis for cluster 3 symptoms**

| Scale          | Frequency of Scale | % |
|----------------|--------------------|---|
| A little bit   | 326 times          | 32.6 |
| Quite a bit   | 191 times          | 19.1 |
| Moderate      | 228 times          | 22.8 |
| Extremely     | 135 times          | 13.5 |
| Not at all    | 120 times          | 12 |
| Total (200×5) |                    | 1000 Responses |

The above table demonstrates that more than 32% of journalists are showing severe symptoms of hyper-arousal.

**Combining all Responses**

**Table 18. The final analysis for all cluster**

| Scale          | Frequency of Scale | % |
|----------------|--------------------|---|
| Extremely      | 595 times          | 17.5% |
| Quite a bit   | 1087 times         | 31.9% |
| Moderate      | 703 times          | 20.6% |
| A little bit   | 806 times          | 23.7% |
| Not at all    | 209 times          | 6.14% |
| Total (200×17) |                    | 3400 Responses |

From the total 480 journalists registered with the Peshawar Press Club, only 200 (41.6%) responded to our questionnaire. The overall analysis in table 22 reveals that 49.4% of the 200 journalists are showing higher symptoms of PTSD. This should be a wake-up call for the media houses, press clubs and journalist unions to initiate countrywide mental awareness campaigns and reforms in the news industry.

**Discussion**

The war on terror has exacted a terrible cost for everyone living in Khyber Pakhtunkhwa. But journalists who have been covering misery, mayhem, and unrest for the past decades are specifically suffering invisibly in the culture of silence. The profession of journalism is at risk for trauma-related psychopathology, as recent data...
from systematic reviews of journalists and the current literature show \_(Feinstein, Osmann, & Patel, 2018)\.

According to Dr. Khalid Mufti, a member of Pakistan’s Federal Mental Health Authority, “the majority of media persons working in Khyber Pakhtunkhwa and FATA are suffering from psychological trauma” \_(quoted in Saeed, 2014)\). But Saeed \_(2014)\ also highlights that journalists are no exception in fearing ostracism if they seek treatment. One of the reasons society needs to tackle the issue, Saeed \_(2014)\ argues, is that PTSD can color a journalist’s reporting. “If newsmen become desensitized by continual observation of destruction and damage, the product he is presenting will have the same impact on society \_(Saeed, 2014)\.

Journalists with greater exposure evidence more negative views of the world and their profession \_(Pyevich, Newman, & Daleiden, 2003)\). But besides this utilitarian perspective, journalists’ personal well-being and that of his/her family must be the prime concern of researchers, media owners and mental health authorities. But Abbas Nasir, former editor of Dawn newspaper, sadly notes; “few of our journalists who have suffered beatings, kidnappings, the brutal slaying of colleagues and live under constant threats to their lives and limbs from both state agencies and non-state actors have or have had any form of counselling or help with PTSD” \_(2020)\). This is why there is a dire need to initiate a debate within and outside media houses to encourage journalists to take psychiatric help.

Young journalists

Although demographic details were not asked in the questionnaire, age is also an important factor that influences how conflicts affect journalists’ mental health or their resilience to cope. Wessendorf & Sheikh \_(2018)\ quote Mahim Maher stating, “in Journalism, young, new journalists are specifically vulnerable because they don't know the terrain in which they operate and don't know where the red lines are”. They chaff at the bit to report “but can put themselves at risk as newsrooms don’t train them and seniors are often stingy in terms of mentoring” \_(Wessendorf & Sheikh, 2018)\.

The physical safety and psychological well-being of a reporter should be more important than breaking news. This study suggests young journalist should both be trained how to cover conflicts and encouraged to seek psychological help.

Media workers which are ignored by Researchers

When we talk of media workers, we only think of paid regular reporters. But other vulnerable news crew includes out-station TV, Newspaper or radio reporters who are often unpaid and called ‘stringers’. In Pakistan, they are called “district correspondents” who mostly report news from rural areas and are often directly exposed both to terrorist violence and threats. Also, women journalists, minority reporters, DSNG operators, van drivers and cameramen are extremely vulnerable to developing PTSD symptoms and other psychopathologies and mostly suffer in silence.

Besides the news gatherers who firsthand cover war and violence, many experiences these events second-hand. Assignment and desk editors and other members of the newsroom are also involved in the production of news. “Hence they are also at risk for developing long-term psychological problems, including PTSD, depression, and substance abuse” \_(Khan, 2019)\). Therefore, studies should also look into their conditions, and media houses must also encourage these workers to seek out counselling.

Conclusion

Studies have shown that war can severely affect the psychological well-being of frontline journalists, yet very little attention is given to this issue \_(Feinstein, Wanga, & Owen, 2015; Ricchiardi, 2016)\). In the name of their profession, media workers pay the ultimate price in terms of psychological health. This study provided a glimpse into the mental health scenario of 200 journalists working in the districts
of Peshawar. The risks of covering violence are life threatening. The deeply traumatic nature of exposure to violence is revealed by the fact that even that the security condition has improved now, 48% of the journalists from Peshawar record prominent symptoms of post-traumatic stress disorder.

But “there is also evidence to suggest that early intervention is very helpful in reducing the chances of an individual developing post traumatic stress disorder following exposure to a major stressor” (Feinstein, Wang, & Owen, 2015). Moreover, the Dart Centre for Journalism and Trauma recommends that if you are feeling distressed, don’t hide it. “Such responses are human and it is neither weak, unprofessional nor career-threatening to admit them” (Dart, 2007). Dart further suggests that if media workers, especially reporters, experience intrusive images or thoughts of the event, they need for a break or rotation. “The journalist should not bottle up their feelings and if distress continues beyond 3-4 weeks, they should seek professional assistance from a health care practitioner trained in trauma related counseling” (Dart, 2007).

This study is aimed to be a catalyst for the much-needed changes in the news organizations in Pakistan and specifically Khyber Pakhtunkhwa, to begin introducing confidential counselling for their journalists and other media staff. Parliament must also constitute laws that should make it compulsory for media outlets to have in-house psychological counsellors.

Suggestions

Although for Frantz Fanon, the psychoanalyst and social philosopher from Martinique, the solution to such problems is not solely psychological but equally social: “in order to address the mental state of the individual, one had to change the social conditions under which that individual lived” (Small, 2007). So it’s important to have external resources such as the trauma center at the University of Peshawar, but in actuality, the support of media organizations would be instrumental in bringing about real changes (Khan, 2019). “All editors-in-chief, managers and media owners should know about the psychological predicaments of journalistic work in Pakistan and should support their workers in practicing and mastering healthy and effective ways of coping both psychologically and in terms of behavior” (Wessendorf & Sheikh, 2018). Media outlets should develop psycho-educational resources for journalists. The facility of having an in-house counsellor would be the first milestone in this journey.

Limitations

This study is not without limitations. Psychometric scales (PCL-C for this study) have not been formally validated for the Pakistani population and for journalists in particular. Also, “we acknowledge that quantitative data tell only part of the story” (Feinstein, Wang, & Owen, 2015). So, future research efforts of a more qualitative nature should be made. Moreover, analysis in groups can obscure the condition of those individuals with significantly more severe difficulties. Therefore, other studies should focus more on individual diagnosis. Demographic factors like age, gender, level of education and the nature of medium journalist work for (i.e. TV, Radio etc.) should also be taken into account because all these dimensions also affect journalists’ vulnerability or resilience to developing PTSD.
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