A Pilot Study of the Impact of the Asian Tsunami on a Group of Asian Media Workers

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ABSTRACT: The Asian Tsunami that struck on December 26, 2004, claimed tens of thousands of lives. To bring up-to-date news to the public, many media workers raced to the frontline. Singapore journalists were among the first to arrive at the devastated scenes of the affected countries. Critical Incident Stress Debriefing (CISD) was offered to these media personnel about a week after they returned from assignment. Twelve of the media workers participated in the CISD and also completed the General Health Questionnaire (GHQ-28), The Impact of Events Scale (IES), and a feedback questionnaire on what was helpful to them during the debriefing. Twenty-five percent of the respondents displayed psychiatric symptoms (GHQ-28 score ≥ 5) with highest scorings being in the somatic domain. One third had IES > 30 with higher scores on the avoidance scale. Seventy-five percent of the participants indicated moderate (8.6 – 19) to high (> 19.0) total scores on the IES. All the participants reported that CISD was valuable. This pilot study provides support for the need to address the emotional aftermath of impacted media workers in the wake of disasters. [International Journal of Emergency Mental Health, 2005, 7(4), pp. 299-306].

KEY WORDS: Asian Tsunami, media workers, post-traumatic stress disorder, psychological impact

The Asian Tsunami that struck on December 26, 2004 claimed tens of thousands of lives (CNN, 2005). Together with rescue workers, the media is often one of the earliest responders at any disaster site. Although media workers are not typically directly involved in rescue operations, they are certainly not shielded from the sights, smells, and overwhelming emotions that surround them. Despite the difficult and negatively-charged emotional conditions, the frontline media workers are there to provide the latest information to the public.

There have been many studies reporting the effects of trauma on victims of accidents, assault, and war. However, until the past decade, few have focused on the effects of disaster on media journalists (Chan & Chan, 2005; Chang et al., 2003; Feinstein, Owen, & Blair, 2002; Fullerton, Ursine, & Wang, 2004; Ozen & Aytekin, 2004). Newman, Simpson, and Handschu (2003) reported that six percent of photojournalists acknowledged symptoms consistent with Post-traumatic Stress Disorder (PTSD), while war journalists have significantly more psychiatric difficulties such as major depression, substance abuse, and PTSD (Feinstein, Owen & Blair, 2002).

Freinkel and associates (1994), Gordon (1996), and McMahon (2001) also reported that journalists not only report experiencing serious trauma at the time of covering stories of a critical nature, but they also continue to experience residual effects. Indeed, journalists may endure lasting memories of enormous grief and tragedy as well as feelings of frustration or guilt because they could not do more to help...
victims (Hight, 2005). Unfortunately, this sense of helplessness and guilt may remain for a lifetime. Although it is important to obtain the latest news, media organizations should be sensitive to the physical and emotional needs of their journalists. Without appropriate support, they may continue to suffer the long term effects of grief and trauma, eventually leading to burn out (Hight & Smyth, 2003; Kime, 2001; Pyevich, Newman, & Daleiden, 2003; Simpson & Boggs, 1999).

Few journalists know the risk to their mental health when they embark on their disaster assignments. Newman and associates from the Dart Center for Journalism and Trauma (DART, 2003) reported that despite the frequency of exposure to trauma, only 11% of the photographers surveyed said that they had been warned by employers about the emotional effects of the job, while 34% had been warned of physical hazards. Moreover, only 25% reported that their employers offered counseling (Dart, 2003). Hence, it is apparent that there is a need to educate news/media organizations regarding the emotional impact of disaster assignments on employees.

According to the magazine, Editor & Publisher, who interviewed journalists that have returned from the tsunami-devastated site, journalists have reported feeling overwhelmed by feelings of horror, grief, and sadness such as recurrent disturbing images of corpses and the smell of death. Some have also reported feelings of disbelief, feelings of guilt for being alive, and feelings of anxiety and fear. In addition, the images and reactions of the family of the victims have deeply affected them (Editor & Publisher, 2005; Hight, 2005). This paper describes the psychological effects of the Asian Tsunami on a group of Singaporean media workers and the intervention that was done to mitigate the impact.

METHODS

Participants consisted of twelve media workers: four producers, one correspondent, four reporters, one cameraman, one sound man, and one technician from both radio and TV sections (see Table 1 for demographic data), who were invited to participate in a Critical Incident Stress Debriefing group (CISD). One participant, who reported having seen a counselor for emotional problems, did not report any psychiatric symptoms. The participants’ dates of availability were varied; two CISD groups with 6 participants each were conducted. Both groups were held within one week of the media workers’ return from their assignments and participation was voluntary. Participants were assigned to various tsunami-affected areas: Aceh, Indonesia; Phuket, Thailand; Langkawi, Malaysia; Penang, Malaysia; and Colombo, Sri Lanka for a period of 4 to 12 days. The CISD was done by two CISD trained mental health professionals and each group lasted approximately two hours. At the end of the session, participants were asked to complete self-report questionnaires consisting of demographic information, General Health Questionnaire 28 (GHQ), Impact of Events Scale (IES) and an evaluation of their CISD experience.

Measures

The General Health Questionnaire 28 (GHQ) is a self-administered 28-item screening test aimed at detecting psychiatric cases in community settings. It demonstrates a good test-retest reliability with a coefficient of $(r) = 0.90$. It has acceptable sensitivity and specificity. GHQ $> 5$ indicates a case. (Goldberg and William, 1998)

The Impact of Events Scale (IES) is a self-administered 15-item questionnaire developed to measure the psychological response to specific traumatic stressors or stressful life events (Horowitz, Wilner, & Alverez, 1979). The measure has been used to assess posttraumatic stress disorder symptoms in a wide variety of trauma populations. While the threshold score for IES varies between the score of 25 to 40 for a person at risk of PTSD, scores over 30 have been suggested to correlate positively with PTSD at a rate of about 89% (Jonsson, Segesten, & Mattsson, 2003; Neal et al., 1994). Hence in this study, a score of greater than 30 was chosen to indicate symptoms consistent with PTSD.

The CISD Evaluation Questionnaire (Appendix A), developed for the present pilot study, is a self-administered general evaluation form. The 10 item descriptive questionnaire consists of six questions on a 4-point scale ($1 = no value, 2 = minimal value, 3 = moderate value, 4 = high value$), and 4 questions allowing participants to describe in their own words what was most helpful, least helpful, how to improve the session, and any other comments.

Statistical Analysis

All analyses were performed using SPSS 12.0. Descriptives of the GHQ 28 and IES scores are presented using means, standard deviations (SD), and range. The prevalence, with 95% CI, of respondents scoring GHQ $\geq 5$ and IES
> 30 were calculated. The CISD evaluation questionnaire is presented using frequencies and percentages. Cross-tabulations of GHQ and IES scores with demographics of the participants were also done.

RESULTS

The demographics of the participants (four reporters, four producers, one correspondent, one camera man, one sound man, and one technician) are given in Table 1. The mean total GHQ 28 score was 2.58 (SD = 4.7), with a range from 0 to 16. The highest scores occurred on the somatic domain (see Table 2.) Three (25%, 95% CI 0.5% - 49.5%) of the 12 had a GHQ 28 score of 5 and above.

The mean IES total score was 24.0, (SD = 19.5), with a range of 0 to 61 with higher scorings on the avoidance domain. Seventy-five percent of the participants indicated moderate (8.6 – 19) to high (> 19.0) IES total scores (Table 3) with 4 (33.3%, 95% CI 6.4% – 59.6%) having IES > 30 (Table 4).

Classifying a score of 2 or more as having a problem in each of the GHQ 28 domains, table 4 shows that the three having GHQ 28 > 5 had somatic problems. One of the three also had both social and anxiety problems while another had a social problem as well. Of the four participants with IES total scores > 30, only one had a GHQ 28 > 5.

Over 90% of the responses to questions one to four in the CISD Evaluation Questionnaire were rated moderate to high (see Table 5), indicating that the respondents found the debriefing useful. Being informed of potential post-disaster symptoms (25.0%) had the smallest changes in numerical responses, followed by Coping strategies (16.7%). Seventy-five percent of the participants reported that the most helpful part of the CISD was to be able to share their experiences/problems. When asked what was least helpful and what can be improved on the debriefing, some of the participants’ responses were: “not being given enough solutions to cope” (8.3%); “having longer session” (8.3%) and more information on how to cope (8.3%). In the other comment section, 16.6% indicated that they would like more support from superiors (See Table 5).

<table>
<thead>
<tr>
<th>Table 1. Demographics of the participants</th>
<th>Total (n = 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of personnel</strong></td>
<td></td>
</tr>
<tr>
<td>Age group (years)</td>
<td></td>
</tr>
<tr>
<td>25 – 30</td>
<td>4 (33.3)</td>
</tr>
<tr>
<td>31 – 40</td>
<td>3 (25.0)</td>
</tr>
<tr>
<td>41 – 50</td>
<td>4 (33.3)</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>1 (8.4)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>5 (41.6)</td>
</tr>
<tr>
<td>Malay</td>
<td>5 (41.6)</td>
</tr>
<tr>
<td>Others</td>
<td>2 (16.8)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>3 (33.3)</td>
</tr>
<tr>
<td>Married</td>
<td>9 (66.7)</td>
</tr>
<tr>
<td>History of consultation for emotional problem</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1 (8.4)</td>
</tr>
<tr>
<td>No</td>
<td>11 (91.6)</td>
</tr>
</tbody>
</table>

Values are given as n(%)
DISCUSSION

Based on the GHQ, 25% of the media workers suffered from psychiatric symptoms with significantly higher scores in the somatic domain. This is consistent with the study by McMahon (2001) who showed that trauma journalists scored higher on all four subscales of the GHQ than did non-trauma journalists, and that trauma journalists have significantly higher rates of somatic symptoms.

We postulate that the preoccupation with somatic symptoms may be due to the nature of the assignment. In the Tsunami-stricken areas there were hundreds of decomposing bodies. Combined with the tropical heat, the workers experienced increased risk of possible disease outbreaks such as cholera, malaria, diarrhea, acute respiratory disease or other communicable diseases. In addition, there was a lack of fresh water and food supply. Many of the media workers in the group also voiced their concerns about health hazards and whether it might affect their families upon their return. In such a harsh environment, it is not surprising that many developed somatic symptoms.

Seventy-five percent of participants reported moderate to high IES scores and a third had a score above 30, which was used as a cutoff for symptoms consistent with PTSD. The higher score on the avoidance scale suggests that most of them were using distancing and numbing to help them cope with the emotionally overwhelming work environment. Although useful during the initial phase of the assignment, avoidance may eventually affect the media worker’s long-term capability (Simpson & Boggs, 1999).

All of the participants found the group debriefing of value. More than 75% indicated that the various components of the CISD were of at least moderate to high value. Of note, this was particularly significant for those experiencing psychiatric symptoms (GHQ > 5) and posttraumatic stress symptoms (IES > 30).

More than half of those who had GHQ ≥ 5 felt that the experience of being with a group of people who have gone through similar experiences and hearing other experiences was of value to them. This finding highlights the potential supportive power of the group in the CISD model. It also provided the opportunity for participants, who had gone through similar trauma exposure, to identify with one another and to feel connected and understood; it provided a sense of normality and reassurance that they are not alone in their experience (Dyregrov, 1999). All the above positive responses from the subjects seem to contradict the findings of some studies that debriefings are found to be either harmful or ineffectual (Wesley, Rose, & Bisson, 1998).

Table 4.
Cross-tabulation of GHQ 28 e” 5 with Domain scores ≥ 2 & IES e” 31

<table>
<thead>
<tr>
<th>Personnel</th>
<th>GHQ 28</th>
<th>Depress</th>
<th>Somatic</th>
<th>Anxiety</th>
<th>Social</th>
<th>IES &gt; 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporter</td>
<td>No (4)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (1)</td>
<td>Yes (3)</td>
<td>No (4 + 6 = 10)</td>
</tr>
<tr>
<td>Reporter</td>
<td>Yes (5)</td>
<td>No (0)</td>
<td>Yes (5)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (6 + 12 = 18)</td>
</tr>
<tr>
<td>Reporter</td>
<td>Yes (5)</td>
<td>No (0)</td>
<td>Yes (3)</td>
<td>No (0)</td>
<td>Yes (2)</td>
<td>No (4 + 5 = 9)</td>
</tr>
<tr>
<td>Reporter</td>
<td>No (1)</td>
<td>No (0)</td>
<td>No (1)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>Yes (13 + 19 = 32)</td>
</tr>
<tr>
<td>Producer</td>
<td>Yes (16)</td>
<td>No (1)</td>
<td>Yes (7)</td>
<td>Yes (4)</td>
<td>Yes (4)</td>
<td>Yes (25 + 36 = 61)</td>
</tr>
<tr>
<td>Producer</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
</tr>
<tr>
<td>Producer</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
</tr>
<tr>
<td>Producer</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (9 + 18 = 27)</td>
</tr>
<tr>
<td>Producer</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (16 + 8 = 24)</td>
</tr>
<tr>
<td>Correspondent</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
</tr>
<tr>
<td>Sound-man</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>Yes (16 + 15 = 31)</td>
</tr>
<tr>
<td>Technician</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>Yes (21 + 30 = 51)</td>
</tr>
<tr>
<td>Cameraman</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>No (0)</td>
<td>Missing response</td>
</tr>
</tbody>
</table>

Values in ( ) are actual scores. For IES : intrusive + avoidance = total.
Even though there was no prior psychiatric history among the respondents, 40% of those who had not consulted with any doctors presented with posttraumatic stress symptoms. This implies that the Tsunami did have an adverse effect on these individuals and that the presenting symptoms were due to their Tsunami-related work. All those with GHQ > 5 are from the age group below 40 with half of them between 25-30 years old. This suggests that the more experienced a person is, the better he or she is able to cope with the situation and the better resiliency he or she possesses. McMahon (2001) reported similar findings, where it was found that younger journalists tend to experience more anxiety and insomnia.

About 17% of the participants indicated that there was insufficient support from their superiors. They perceived that their employers did not understand the physical and emotional difficulties the participants faced during the assignment. The implication here is that companies need to better prepare their younger media workers for disaster work and to maximize their resiliency before assigning them to disaster sites.

**Limitations**

Despite the implications of these results, there are limitations to this study. First of all, the study sample was too small to provide ample statistical power. Moreover, the non-randomized design limits the interpretations, and there was no opportunity to do pre- and post-test measures. Future studies could be repeated with a larger sample, if pre-arrangements were made with journalists’ organizations. The availability of staff as well as availability of trained debriefers must be planned in advance. However, the unpredictable, sudden nature of mass disaster continues to pose a challenge to conduct efficacy research in this area.

**CONCLUSION**

This small study supports the notion that CISD is a useful tool that media workers found helpful. It also highlights the apparent need to provide psychological support for media workers, especially during emotionally-charged assignments like the tsunami disaster. These media workers risk their personal safety and endure harsh conditions to bring the latest news to the public. Although the majority of them seem to be able to cope, there is a significant minority that do not (Ghaffar & Feinstein, 2005). Employers of media workers...
workers need to be aware of the emotional effects of traumatic incidents, especially large scale disasters, to their employees. It is also important for them to ensure that their employees are given ample pre-incident preparation, such as psycho-education on the effects of traumatic incidents, and resiliency training, as well as post-assignment psychological debriefings (Kime, 2003; NMHA, 2001). Moreover, mentoring or peer support programs (RNLLL, 2002) and education regarding PTSD are cost-effective ways of providing much needed support for the frontline members of the media industry (Newman, 2003; Simpson & Boggs, 1999). Critical Incident Stress Debriefing is one of the useful tools that can be effectively employed in a media organization, providing an avenue for ventilation, as well as education for the workers. Training on early recognition and prevention can help them continue to work productively and enhance the potential for the tenacity to recover from difficult experiences.

REFERENCES


**APPENDIX A**

**CISD EVALUATION FORM**

Please rate components according to their value to you. 1= no value, 2=minimal value, 3=moderate value, 4=high value

1. The debriefing in general
2. Being in a group who have gone through similar experiences
3. Having an opportunity to share own experiences
4. Hearing other people’s experiences
5. Being informed about potential post-disaster symptoms
6. Discussion on coping strategies
7. What was most helpful?
8. What was least helpful?
9. How can we improve on the sessions?
10. Any other comments _____________________