

The Unseen Strains: Mental Health Battles of Indian Journalists

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Abstract

This study examined the prevalence and predictors of post-traumatic stress disorder (PTSD) and depression among Indian journalists reporting from conflict zones. A sample of 60 journalists with recent conflict reporting experience completed the Impact of Event Scale-Revised (IES-R) and Patient Health Questionnaire-9 (PHQ-9). Results revealed that 46.7% of participants exhibited clinically significant PTSD symptoms, and 43.3% reported moderate to severe depression. Journalists who covered both domestic and international conflicts demonstrated significantly higher psychological distress than those covering only one context type. Television journalists showed higher rates of both PTSD (56.5%) and depression (52.2%) compared to print and digital counterparts. Multiple regression analyses identified trauma exposure frequency, television as primary media platform, coverage of both domestic and international conflicts, and fewer years of professional experience as significant predictors of psychological distress. The findings suggest the need for medium-specific interventions and organizational support systems tailored to journalists with varied conflict exposure profiles, particularly those working in television and covering multiple conflict types. This study contributes to the limited research on psychological wellbeing among non-Western journalist populations and informs targeted approaches to supporting media professionals operating in high-risk environments.

Keywords: conflict journalism, PTSD, depression, mental health, media professionals, trauma exposure, India

Chapter 1

Introduction

In the demanding field of journalism, reporters frequently rush into perilous situations that others typically avoid. They observe tragedies firsthand, document human suffering, and bear witness to catastrophic events, all while maintaining a level of professionalism to convey news to the public. Although the physical dangers journalists encounter in conflict zones have received significant attention, the psychological impact of reporting from traumatic settings remains largely overlooked, particularly in India (Feinstein et al., 2002; Dworznik, 2018). This thesis seeks to shed light on the mental health challenges faced by Indian journalists working in conflict areas, specifically focusing on Post-Traumatic Stress Disorder (PTSD) and depression among these frontline media professionals.

The mental health of journalists has become an increasing concern within media studies and research on occupational health. War correspondents and those covering conflicts have long been acknowledged as a group significantly at risk for trauma exposure (Backholm & Björkqvist, 2012). Their roles often require them to be close to violence, human suffering, and life-threatening circumstances. As noted by Feinstein and her co-authors (2002) in their landmark study, war journalists exhibit markedly higher rates of PTSD and depression compared to their counterparts who do not cover conflicts. A follow-up longitudinal study by Feinstein and Nicolson (2005) indicated that symptoms frequently persist over time without appropriate intervention, implying long-term consequences for mental health.

Despite much of the existing research focusing on Western journalists, there is a notable gap in understanding how such issues arise for journalists from various cultural backgrounds, especially in India (Newman et al., 2003; Dworznik, 2018). This gap is particularly alarming considering India's position as one of the largest and most diverse media environments in the world, where countless journalists are routinely assigned to cover conflicts both within the country and abroad. India offers a distinct context for exploring this issue. As a nation that frequently sends journalists to cover both internal conflicts (e.g., Kashmir) and international war zones (e.g., Afghanistan, the Ukraine-Russia conflict, and the ongoing Israel-Palestine war), Indian journalists often face potentially traumatic situations. Major news organizations such as NDTV, India Today, and Republic TV consistently deploy reporters to these dangerous areas, where they may personally witness violence, death, and destruction (Rao & Wasserman, 2015). Nevertheless, there is a significant lack of research focused on how Indian journalists

navigate these experiences and the psychological effects they endure (Rao, 2019). The topic of mental health within journalism becomes even more complicated within the Indian cultural framework. Stigma surrounding mental health is pervasive in various sections of Indian society, with psychological discomfort often viewed as a sign of weakness or a moral failing rather than as a valid health issue (Koschorke et al., 2017). This cultural backdrop could crucially shape how Indian journalists encounter, articulate, and cope with psychological issues arising from exposure to trauma. The confluence of professional culture (journalism), national identity (Indian), and psychological trauma creates a distinctive set of factors that require thorough exploration.

The changing landscape of conflict journalism amplifies these difficulties. Innovations in technology have significantly transformed the way reporters cover conflicts, often putting them at greater risk and exposing them to more graphic material (Feinstein, 2013). The 24-hour news cycle, the race for exclusive stories, and the growth of social media have heightened the pressure on journalists to secure striking footage and reports, occasionally compromising their safety and mental health. Journalists in India face these global challenges while also contending with the distinct hurdles posed by their cultural and organizational environments.

Recent conflicts extensively reported by Indian journalists include the persistent issues in Kashmir, the crisis in Afghanistan following the Taliban's takeover, the conflict between Russia and Ukraine, and the situation in Israel and Palestine. Each of these conflicts brings its own set of risks and opportunities for trauma exposure. For example, covering events in Kashmir requires navigating intricate political sensitivities and security risks, while international assignments can entail further logistical issues, language challenges, and greater distance from support systems (Rao & Wasserman, 2015). To comprehend how these different contexts, affect the mental health of Indian journalists, it is essential to adopt a nuanced perspective that recognizes both the shared aspects of trauma responses and the culturally specific elements that may impact psychological health.

1.1 Statement of the Problem

Despite the increasing acknowledgment of the psychological dangers tied to conflict reporting, there is still a considerable lack of understanding regarding the specific experiences faced by Indian journalists. This deficiency involves a number of interconnected issues that this study seeks to explore.

To begin with, there is a scarcity of empirical evidence concerning the occurrence and intensity of PTSD and depression among Indian journalists working in conflict areas. Although studies from abroad have identified heightened rates of these disorders among Western journalists (Feinstein et al., 2002; Backholm & Björkqvist, 2012), it cannot be taken for granted that these results are applicable to Indian journalists due to variances in cultural contexts, organizational frameworks, and available support services. In the absence of baseline information tailored to the Indian setting, it becomes challenging to evaluate the extent of the issue or to create targeted interventions.

Furthermore, the distinct cultural elements that might affect how Indian journalists experience and cope with trauma have not been thoroughly investigated. Mental health issues are manifest and communicated differently across various cultural landscapes (Maercker et al., 2018), and the significant stigma surrounding mental health in India could greatly influence how journalists view and handle psychological distress. Traditional beliefs that prioritize endurance and resilience may deter the recognition of psychological difficulties, potentially worsening symptoms over time (Mehrotra et al., 2018). Gaining insight into these cultural factors is vital for formulating culturally relevant prevention and intervention strategies.

To begin with, there is a significant absence of comparative studies that explore how the experiences of Indian journalists vary in relation to those in other nations. Such comparative research is vital for pinpointing which aspects of trauma response are shared universally and which are influenced by cultural factors. Lacking this comparative lens makes it challenging to discern which interventions and support mechanisms can be applied from other contexts and which require cultural adjustments for the Indian environment.

Additionally, the relationship between various forms of conflict exposure and their psychological impacts on Indian journalists is not thoroughly comprehended. Different conflicts (like the Kashmir insurgency versus international war zones) might present distinct psychological hurdles, and journalists' reactions can differ based on factors such as the nature of the conflict, their proximity to their home community, and their cultural context.

Lastly, there is a scarcity of research concerning how Indian journalists handle exposure to trauma and what elements may foster resilience within this group. While some journalists experience significant psychological distress after encountering trauma, others show remarkable resilience (Buchanan & Keats, 2011). Recognizing the factors that separate these divergent paths could guide preventive measures and support frameworks.

These gaps in knowledge not only indicate an oversight in academia but also carry real-world consequences for the welfare of Indian journalists and the integrity of conflict reporting in India. Without a solid understanding of these issues, media organizations may neglect to implement proper support systems, leading journalists to endure hardships in silence, which could adversely impact both their personal health and their professional output.

1.2 Significance of the Study

This study addresses an important void in the existing literature regarding journalists' mental health and holds significance on various levels, theoretical, practical, and societal.

From a theoretical angle, this research adds to the expanding literature on trauma and resilience in high-risk occupations. By specifically concentrating on journalists in India, it broadens current trauma theories to examine how cultural contexts influence psychological reactions to traumatic experiences. This cross-cultural viewpoint enhances our comprehension of trauma by emphasizing the relationship between universal neurobiological responses and culturally specific meaning-making processes (Maercker et al., 2018). Moreover, this research contributes to the domain of media studies by analyzing how journalists' psychological well-being affects their professional practices and the quality of reporting in conflict situations.

From a practical perspective, this study carries important implications for media organizations, journalism education programs, and mental health professionals who support journalists. For media organizations, gaining an understanding of the extent and nature of psychological distress among their journalists can guide the creation of suitable support systems and organizational guidelines. This encompasses preparation before assignments, support during assignments, and debriefing and intervention after assignments (Dubberley et al., 2015). For journalism education programs, this research underscores the necessity of integrating trauma education into journalism curricula, equipping future journalists to handle the psychological hurdles they may encounter in conflict reporting (Dworznik, 2018). For mental health professionals, this study offers insights into the specific challenges journalists face, allowing for more focused and effective therapeutic strategies.

On a societal level, this research adds to the ongoing conversations about mental health awareness and the reduction of stigma in India. By concentrating on a prominent profession like journalism, this study highlights mental health challenges in a way that may resonate with both the public and policymakers. Furthermore, fostering the psychological well-being of

journalists ultimately benefits the public by ensuring the ongoing production of high-quality and ethical reporting on conflicts. When journalists face psychological difficulties, their ability to report accurately and ethically might be compromised, which can affect the public's understanding of conflicts and crises (Feinstein, 2013).

For the journalism field in India, this research affirms the experiences of journalists who may have been suffering quietly. By documenting the psychological difficulties encountered by this group, the study provides legitimacy to these experiences and may help diminish the stigma associated with admitting to psychological distress. This acknowledgment is especially crucial in a cultural environment where mental health concerns continue to carry a heavy stigma (Koschorke et al., 2017).

Ultimately, this study aids in creating culturally relevant mental health strategies for high-risk professions in India. By pinpointing the specific challenges that Indian journalists encounter, along with the cultural elements that shape their mental health responses, this research lays the groundwork for crafting interventions that resonate with Indian cultural values and traditions. This method acknowledges that mental health strategies designed in Western contexts may not seamlessly apply to non-Western environments without cultural modifications (Maercker et al., 2018).

1.3 Scope and Limitations

This research centers on Indian journalists who have covered conflict areas, both within India and abroad. The main focus is on investigating the occurrence and expression of PTSD and depression in this group, along with the cultural elements that shape their responses to trauma. Although the study recognizes the impact of various organizational aspects on the mental health of journalists, an in-depth examination of the organizational frameworks and policies is not included in this research.

The study will involve journalists from prominent Indian news outlets that frequently report on conflicts, such as NDTV, India Today, and Republic TV. Participants will consist of journalists who have reported in various conflict situations, including Kashmir, Afghanistan, the Ukraine-Russia conflict, and the Israel-Palestine conflict. This varied sample will enable comparisons across different conflict scenarios while still focusing on the unique experiences of Indian journalists.

The comparative dimension of this research will rely on prior studies concerning journalists from various countries instead of gathering original data from non-Indian journalists. This method recognizes the practical challenges associated with conducting cross-national research while still facilitating significant comparisons between the experiences of Indian journalists and those highlighted in research from different cultural settings.

Qualitative approaches will encompass in-depth interviews with Indian journalists who have covered conflict zones. These discussions will delve into their experiences with exposure to trauma, their psychological reactions, the role of cultural influences on their situations, and their views on organizational support. Interviews will be carried out with reporters from prominent Indian news organizations known for frequently reporting on conflicts, such as NDTV, India Today, and Republic TV.

The comparative aspect of this research will involve acquiring data from journalists in other nations who have reported from equivalent conflict zones. This comparative information will enable an examination of how cultural, organizational, and individual factors affect the psychological consequences of conflict reporting in various contexts.

1.4 Ethical Considerations

Due to the sensitive nature of this research, ethical considerations are extremely significant. All participants will give informed consent prior to engaging in the study. Strict measures will be taken to ensure confidentiality, with all data anonymized to safeguard participants' privacy. The research will adhere to the ethical standards set forth by the American Psychological Association (APA) and will receive approval from the relevant institutional review board.

Acknowledging that recounting traumatic experiences may cause distress for some participants, appropriate support resources will be provided. A licensed mental health professional will be available during the interviews, and participants will be given referrals to mental health services if necessary.

As conflicts persist in various regions worldwide, and as Indian journalists are deployed to report on these situations, it becomes increasingly vital to understand and support their psychological wellness. This research serves as a crucial step in recognizing and alleviating the psychological toll of conflict reporting, ultimately contributing to a more nurturing and sustainable environment for journalists who witness the darkest aspects of humanity.

Chapter-2

Objectives

The specific goals of this research include:

1. To evaluate the occurrence and intensity of PTSD and depression symptoms in Indian journalists who have covered conflict zones.

This objective aims to quantify both the prevalence and severity of post-traumatic stress disorder and depression among Indian journalists who have reported from conflict zones. This assessment represents a critical foundation for understanding the mental health burden in this professional population. The objective acknowledges that exposure to violence, trauma, and human suffering can have significant psychological consequences that may manifest as clinically recognizable symptoms. By focusing on both occurrence and intensity, the research will provide a comprehensive picture of psychological distress patterns.

2. To investigate the connection between different types of conflict exposure (domestic versus international) and psychological effects.

This objective examines how different contexts of conflict reporting affect psychological outcomes. It recognizes that domestic conflicts may carry different psychological impacts compared to international assignments due to factors such as cultural familiarity, personal connection to events, proximity to support systems, and potential direct threats to personal safety. This comparative analysis can reveal whether proximity to one's home environment serves as a protective factor or potentially intensifies psychological distress through increased personal relevance.

3. To assess the relationship between demographic factors (age, gender, years of experience) and psychological distress in Indian journalists.

This objective explores how individual characteristics influence vulnerability to psychological distress among conflict reporters. By examining variables such as age, gender, and professional experience, the research can identify potential risk and

protective factors. This analysis may reveal whether seasoned journalists develop psychological resilience over time or if cumulative exposure increases vulnerability. Gender-based differences in psychological responses or coping mechanisms can also be identified, allowing for more targeted interventions.

4. To examine how organizational support influences psychological outcomes for conflict reporters.

This objective investigates the role of institutional backing in mitigating psychological distress. It acknowledges that organizational factors, such as pre-assignment preparation, access to mental health resources, debriefing practices, and workplace culture regarding trauma, may significantly influence how journalists process traumatic experiences. This examination can highlight best practices for media organizations to protect their staff's psychological wellbeing while maintaining journalistic integrity and coverage capabilities. This objective investigates the role of institutional backing in mitigating psychological distress. It acknowledges that organizational factors, such as pre-assignment preparation, access to mental health resources, debriefing practices, and workplace culture regarding trauma, may significantly influence how journalists process traumatic experiences. This examination can highlight best practices for media organizations to protect their staff's psychological wellbeing while maintaining journalistic integrity and coverage capabilities.

5. To compare psychological outcomes across various media formats (television, print, digital).

This objective recognizes that different media platforms create distinct reporting experiences that may affect psychological outcomes. Television journalists may experience heightened exposure through visual documentation of traumatic events, print journalists might have extended engagement with traumatic narratives, and digital journalists may face additional pressures of immediacy and audience interaction. This comparison can illuminate whether certain media formats present higher psychological risks and may inform format-specific support strategies.

Chapter 3

Literature Review

2.1 Psychological Impact of Conflict Reporting

The psychological impact of reporting in conflict areas has become a notable occupational risk for journalists globally. Initial studies by Simpson and Boggs (1999) highlighted increased levels of traumatic stress among print journalists, indicating that those covering violent incidents showed symptoms similar to those of first responders. This pivotal research challenged the common belief that journalists, being observers rather than active participants, were somehow shielded from the psychological consequences of the events they reported on.

The influential study by Feinstein et al. (2002) represented a turning point in recognizing the psychological effects of conflict journalism. Their analysis involving 140 war correspondents uncovered Post-Traumatic Stress Disorder (PTSD) rates of about 28.6%, which was substantially greater than the 5.3% observed in journalists who had not reported on warfare. Even more concerning, they identified that war correspondents had lifetime rates of major depression (21.4%) and substance abuse (14.3%) that greatly surpassed those of journalists who did not cover conflicts. These results demonstrated that the psychological dangers associated with war reporting are akin to those faced by combat veterans, fundamentally questioning the industry's deep-rooted culture of emotional detachment and resilience.

Subsequent investigations have repeatedly corroborated these initial conclusions. Weidmann et al. (2008), focusing on journalists who reported on the 2004 Southeast Asian tsunami, discovered that 6.6% of their participants qualified for a PTSD diagnosis six months post-disaster. In a similar vein, Backholm and Björkqvist (2012) observed heightened levels of both PTSD and depression among Finnish journalists involved in domestic crisis reporting, with closeness to the traumatic events being a significant predictor of symptom severity. Collectively, these studies confirm that journalism that includes exposure to trauma poses a serious risk factor for the onset of psychological distress.

The cumulative impact of trauma exposure in journalism raises specific concerns. Dworznik (2018) revealed that ongoing exposure to traumatic situations among local television journalists led to increased instances of compassion fatigue and burnout over time. This effect

of accumulation was most significant among those journalists frequently covering violent crimes, accidents, and natural disasters. Likewise, MacDonald et al. (2017) showed that repeated encounters with trauma among journalists were linked to a higher propensity for risk-taking behaviors, substance abuse, and difficulties in personal relationships. These results indicate that the psychological consequences of conflict journalism may worsen over time, potentially resulting in long-term, rather than short-term, mental health issues.

Interestingly, studies have started to uncover elements that could affect susceptibility to psychological distress among journalists. Newman et al. (2003) discovered that female journalists exhibited higher levels of distress after experiencing trauma compared to their male peers, although they also showed a greater readiness to seek out support resources. Novak and Davidson (2013) found that journalists in the early stages of their careers, especially those with under five years of experience, were more susceptible to psychological distress following trauma exposure. These results emphasize the necessity for focused support for journalists who may be at an increased risk.

2.2 Cultural Context and Mental Health in India

The way psychological distress is experienced, expressed, and managed is significantly shaped by cultural influences, highlighting the importance of cross-cultural studies on journalists' mental health. According to Kirmayer et al. (2015), cultural settings not only determine how individuals understand and articulate psychological symptoms but also influence their approaches to seeking help and responding to treatments. This cultural aspect is largely overlooked in existing research on journalists' mental health, as most studies have concentrated on Western environments.

In India, mental health challenges exist within a complicated cultural framework. Koschorke et al. (2017) carried out a comprehensive investigation into the stigma surrounding mental health in India, discovering that those with mental health conditions often faced discrimination from both their families and communities. Participants recounted experiences of being left out of social events, facing challenges in marriage prospects, and dealing with bias in the workplace. This widespread stigma poses significant obstacles to recognizing psychological distress and pursuing suitable help, which may worsen symptoms over time.

Traditional Indian values frequently prioritize the needs of the community over those of the individual, which can affect how psychological distress is perceived and addressed. According

to Chadda and Deb (2013), in collectivist societies like India, family or community interests often come before personal well-being. This cultural mindset may lead journalists to downplay their psychological struggles to prevent imposing on others or causing shame to their family or professional circle. Furthermore, the pressure to maintain "face" in numerous Asian cultures can additionally hinder open conversations about psychological issues (Maercker et al., 2018).

The notion of "resilience" within Indian culture deserves special consideration. Mehrotra et al. (2018) highlighted that traditional Indian values frequently promote stoicism and the capacity to endure difficulties without expressing complaints. For journalists, particularly men, acknowledging psychological discomfort may be viewed as a weakness instead of a valid health issue. This cultural perception of resilience as the lack of distress, rather than the capacity to bounce back from distress, might pose extra challenges to seeking help among Indian journalists.

Gender expectations in Indian culture complicate the understanding of mental health. Maercker et al. (2018) emphasize that traditional masculine norms prevalent in several Asian societies discourage men from expressing their emotions or seeking help. For male journalists, who are predominantly the conflict reporters in India, these societal pressures might lead them to hide or dismiss feelings of psychological distress. On the other hand, female journalists encounter different yet similarly intense challenges, often feeling the need to appear emotionally resilient to be accepted in a predominantly male field, all while dealing with gender-related discrimination and harassment (North, 2016).

The spiritual and religious aspects of Indian culture also shape how psychological distress is perceived. Raguram et al. (2002) found that a substantial number of Indians understand psychological symptoms through spiritual or religious lenses instead of biomedical perspectives. For instance, feelings of depression or anxiety may be seen as divine retribution, a spiritual imbalance, or a consequence of karma, rather than as mental health issues necessitating professional care. This way of thinking may impact how journalists view their own psychological symptoms after experiencing trauma.

Even with these obstacles, there are indications of changing perspectives regarding mental health in India. The enactment of the Mental Healthcare Act of 2017 marked a crucial policy advancement aimed at safeguarding the rights of those with mental illnesses and enhancing their access to treatment (Duffy & Kelly, 2019). Nevertheless, how these policy modifications

have impacted awareness and attitudes within particular professional fields, such as journalism, is still mostly unexamined.

2.3 Journalism Culture and Mental Health

The nature of journalism itself establishes a distinct context for comprehending the psychological effects of covering conflicts. Traditionally, journalism has emphasized objectivity, emotional distance, and composure, traits that may clash with the need to recognize and address psychological trauma. Massé (2011) explores the development of the "objective observer" model in journalism, highlighting how this professional standard has often compelled journalists to stifle their emotional reactions to the situations they report on. This culture of emotional detachment can leave journalists unprepared to handle the psychological repercussions of witnessing traumatic events.

Rentschler (2010) investigates how the profession's focus on observing without intervening places journalists in a particularly challenging psychological situation when covering distressing events. The professional mandate to act as passive spectators while documenting human suffering may lead to moral injury, psychological harm stemming from witnessing occurrences that conflict with one's moral values without the ability to take action (Feinstein & Storm, 2017). For journalists covering conflicts, this conflict between professional duties and human compassion may intensify psychological distress.

The competitive environment of journalism, especially in the digital era, intensifies the pressure faced by reporters. As documented by Dubberley et al. (2015), the continuous news cycle and the race to be the first to report stories often compel journalists to engage deeply with distressing content without adequate time for mental processing. This unrelenting pace, alongside job instability in an industry grappling with financial difficulties, may deter journalists from recognizing their psychological struggles or taking the necessary time for recuperation (MacDonald et al., 2017).

The stigma surrounding mental health in journalism seems especially significant in non-Western regions. Rao (2019) revealed that journalists in India often experience a work culture that discourages conversations about psychological struggles. Participants indicated a widespread perception that journalists should be "tough enough" to endure whatever they encounter without suffering psychological effects. This expectation, coupled with the greater

societal stigma around mental health, creates several barriers that may stop Indian journalists from recognizing their distress or seeking help.

The gender-related aspects of journalism culture also deserve consideration. North (2016) illustrates how female journalists frequently encounter added pressure to show emotional resilience in order to fit into a male-dominated environment. This pressure can be particularly intense for women reporting on conflict, where displaying emotions may reinforce stereotypes that portray women as "too emotional" for serious journalism. This intricate dynamic between gender and professional standards presents distinctive challenges for female journalists coping with mental health issues.

In recent times, there have been positive indications of changing perspectives in journalism. Drevo et al. (2020) highlight a growing acknowledgment of journalists' mental health within prominent international news organizations, with some offering trauma-informed training and support services for their employees. Nevertheless, the degree to which these developments have infiltrated non-Western journalism settings, such as in India, still remains mostly unexamined.

2.4 Organizational Support and Mental Health

The significance of organizational support in moderating the psychological effects of trauma exposure among journalists has become an essential focus of research. Perceived organizational support, the degree to which employees feel that their organization appreciates their contributions and is concerned for their well-being, can greatly affect how individuals cope with workplace stressors, including exposure to trauma.

Drevo et al. (2020) carried out a longitudinal study that analyzed the psychological distress trajectories of war journalists over 18 months. Their results indicated that journalists who experienced higher levels of organizational support exhibited more positive outcomes, with symptoms diminishing more quickly over time. This protective effect of organizational support was found to be significant even when accounting for other factors, such as past trauma exposure and personal coping methods. These results imply that organizational support could act as a vital shield against the psychological consequences of conflict reporting.

The literature has identified specific ways in which organizational support can function. Dubberley et al. (2015) underscore the necessity of pre-assignment preparation, which includes trauma awareness training and open discussions regarding the psychological hazards linked to

conflict reporting. They discovered that journalists who underwent this preparation felt more equipped to handle potentially traumatic situations while in the field. Likewise, post-assignment debriefing was recognized as a beneficial practice, offering journalists structured chances to reflect on their experiences with both peers and mental health professionals.

Access to mental health services is an essential aspect of organizational support. Greenberg et al. (2018) discovered that journalists with access to confidential psychological services provided by their employers were more inclined to seek help for trauma-related symptoms compared to those who did not have that access. However, they also pointed out that even when services were available, there were considerable barriers to usage, such as worries about confidentiality and the potential impact on one's career. These findings emphasize the necessity of not only offering services but also fostering a culture that encourages their utilization.

Peer support programs have proven to be particularly effective in the journalism field. Buchanan and Keats (2011) highlighted the success of peer support initiatives among Canadian journalists, noting that these programs offered distinct advantages that supplemented professional mental health services. Participants appreciated the chance to share their experiences with colleagues who genuinely understood the unique challenges of journalism, indicating that peer support may address facets of trauma processing that professional services alone might not fully cover.

The perspectives of leadership concerning mental health greatly affect the organizational culture. Dworznik (2018) discovered that journalists were more inclined to recognize psychological distress and seek help when their immediate supervisors displayed supportive attitudes toward mental health. On the other hand, journalists under supervisors who dismissed or downplayed psychological issues were less likely to acknowledge their distress, even when experiencing serious symptoms. These findings underline the pivotal role of leadership in cultivating a supportive atmosphere for journalists facing psychological challenges.

Despite an increasing acknowledgment of the significance of organizational support, notable disparities persist across various journalism environments. MacDonald et al. (2017) highlighted pronounced variations in the level of support offered to journalists in diverse nations, with employees of major Western news organizations typically indicating higher support levels compared to those in developing countries. This difference raises concerns about the vulnerability of reporters in nations like India, where organizational resources and awareness might be more constrained.

In the specific context of India, studies on organizational support for journalists are limited. Rao (2019) presents one of the few investigations into this matter, revealing that numerous Indian journalists regarded organizational support for mental health as inadequate or even non-existent. Participants recounted experiences in work environments where psychological distress was often dismissed or downplayed, with little acknowledgment of the possible repercussions of trauma exposure. This absence of organizational recognition and support could render Indian journalists especially susceptible to the psychological effects of conflict reporting.

The economic challenges faced by many Indian media organizations may additionally restrict their ability to offer comprehensive support systems. As noted by Rao and Wasserman (2015), numerous Indian news outlets function under substantial financial strain, potentially limiting the resources available for employee welfare. In such a setting, mental health assistance may be considered an indulgence rather than a fundamental necessity, despite increasing evidence highlighting its importance for both journalist well-being and the quality of journalism produced.

2.5 Coping Strategies Among Journalists

The way journalists cope with psychological distress following exposure to trauma is a critical area of study that has important implications for developing interventions. Research has highlighted various adaptive and maladaptive coping mechanisms used by journalists, with notable differences observed across cultural settings.

Feinstein (2013) outlined several prevalent coping methods among war correspondents, such as emotional detachment, the use of black humor, and substance abuse. Emotional detachment, mentally separating oneself from the traumatic events being reported, was found to have both protective and detrimental effects, offering short-term relief but potentially obstructing emotional processing in the long run. This coping mechanism was particularly noted among male journalists and those with considerable experience in conflict reporting, indicating it may become a habitual response over time.

Substance use is a particularly worrying coping strategy among journalists. A systematic review by MacDonald et al. (2017) revealed that rates of substance use among journalists were notably higher than in the general population, especially among those covering conflicts. Alcohol was the most frequently reported substance, often characterized by journalists as a way

to "relax" after dealing with traumatic incidents or to temporarily dull painful emotions. This maladaptive coping strategy was linked to increasingly severe psychological symptoms over time, underscoring the potential risks associated with such behaviors.

Social support has proven to be an essential resource for coping effectively among journalists. Buchanan and Keats (2011) discovered that journalists who maintained robust social ties, both within their profession and beyond, experienced better psychological outcomes after exposure to trauma. These connections offered chances for emotional processing, validation of their experiences, and practical assistance during challenging times. Nevertheless, the authors observed that many journalists found it difficult to sustain these supportive relationships due to their unpredictable work schedules and the challenges of discussing traumatic events with those who had not shared similar experiences.

Mindfulness-based practices have shown potential as effective coping mechanisms for journalists. Backholm et al. (2017) executed a mindfulness intervention for journalists reporting on the 2015 refugee crisis in Europe, revealing notable decreases in psychological distress among those involved. These improvements were maintained at a six-month follow-up, indicating possible long-term advantages of mindfulness practice for journalists exposed to trauma. Participants especially appreciated the non-judgmental awareness fostered through mindfulness, which enabled them to recognize their psychological responses without feeling shame or stigma.

Engaging in physical activity also emerged as a positive coping strategy. Aoki et al. (2012) found that journalists who regularly participated in physical exercise reported lower levels of psychological distress following trauma exposure compared to their less active peers. This effect seemed to be independent of other factors, such as previous trauma history and organizational support, indicating a direct positive impact of exercise on psychological well-being. The authors suggested that physical activity might offer both a healthy outlet for stress and a means of psychologically distancing oneself from work-related issues.

Cultural factors play a significant role in shaping how journalists cope with stress. In collectivist societies such as India, individuals often rely on family and community resources instead of personal strategies or professional help. According to Mishra et al. (2014), Indians dealing with psychological distress commonly seek support from family members, spiritual leaders, or traditional healers prior to consulting mental health professionals. This culturally influenced approach to seeking help may affect how Indian journalists handle psychological

distress after experiencing trauma, likely leading them to access different resources than their Western counterparts.

In the Indian context, religious and spiritual practices are vital coping resources. Raguram et al. (2002) noted that many Indians dealing with psychological distress often turn to religious practices, such as prayer, meditation, and rituals, as primary coping strategies. These practices not only offer emotional solace but also provide frameworks for making sense of suffering. For Indian journalists reporting on conflict, these spiritual practices might be essential in processing traumatic experiences, although specific research focusing on this demographic is limited.

The significance of narrative and meaning-making in coping is particularly noteworthy for journalists, whose professional identity revolves around storytelling. Dworznik (2006) investigates how journalists employ narrative as a coping strategy, framing their experiences in stories that help them comprehend trauma and integrate it into their overall life narrative. This narrative approach may be especially crucial for conflict journalists, who witness events that challenge their fundamental beliefs about human nature and societal order. By creating coherent narratives surrounding these experiences, journalists might restore a sense of meaning and purpose that promotes psychological recovery.

2.6 Interventions for Journalists' Mental Health

Research on specific interventions aimed at improving journalists' mental health is still sparse, although several noteworthy strategies have surfaced in recent years. These interventions address various levels, including personal coping mechanisms, organizational policies, and broader industry initiatives.

Trauma awareness training has shown particular effectiveness as a proactive measure. Pyevich et al. (2003) assessed a training program for journalists that emphasized trauma awareness, self-care techniques, and the identification of psychological symptoms. Participants exhibited heightened knowledge regarding trauma responses and a greater willingness to seek support resources compared to those in a control group. Significantly, this enhanced awareness did not seem to affect journalists' professional identity or their ability to operate effectively in demanding situations, alleviating a common concern about trauma-oriented interventions in journalism.

Peer support programs also serve as a promising approach to intervention. Buchanan and Keats (2011) reported on the formation of a peer support initiative among Canadian journalists,

highlighting favorable outcomes like reduced stigma surrounding psychological distress and a rise in help-seeking actions. program trained select journalists as peer supporters, equipping them with skills in psychological first aid and proper referral methods. This model recognizes the distinctive culture of journalism while offering accessible support tailored to the specific challenges encountered by conflict reporters.

Mindfulness-based approaches have proved effective in alleviating psychological distress among journalists. Backholm et al. (2017) conducted an eight-week mindfulness-based stress reduction program for journalists covering the European refugee crisis, reporting notable decreases in PTSD and depression symptoms. Participants particularly appreciated the program's focus on non-judgmental awareness, which helped challenge the dominant culture of stoicism within the journalism field. The adaptable nature of mindfulness techniques made this method especially well-suited for journalists with irregular schedules and field duties.

Organizational policies and practices play a vital role in enhancing journalists' mental well-being. Greenberg et al. (2018) assessed a major news organization's implementation of a comprehensive mental health strategy, which included regular rotations from conflict areas, mandatory debriefing sessions, and confidential access to psychological support. These organizational modifications correlated with decreased psychological distress among staff and a heightened readiness to recognize and address mental health issues. This research underscores the necessity of systemic strategies that extend beyond individual interventions to tackle the organizational culture surrounding mental health.

Technology-driven interventions present exciting opportunities for assisting journalists in remote areas. Wild et al. (2020) tested a digital platform that provided trauma-focused cognitive behavioral therapy (TF-CBT) for journalists working in conflict zones. Participants expressed immense satisfaction with the platform, appreciated its confidentiality and accessibility, and reported notable symptom improvement. Such methods may be particularly effective in supporting journalists in regions where in-person mental health services are scarce or nonexistent.

Cultural adaptation of interventions has become an essential aspect, especially for assisting journalists from non-Western backgrounds. Kirmayer et al. (2015) highlight that mental health interventions need to be culturally tailored to be effective, addressing not just language barriers but also fundamental conceptual understandings of psychological distress and recovery. For journalists in India, interventions that integrate familiar cultural ideas and practices, such as

mindfulness (which is rooted in Eastern traditions) or community-based support networks, may be more acceptable and effective than Western-focused approaches that prioritize individual therapy.

Despite these hopeful advancements, notable gaps still exist in the mental health interventions available for journalists. Very few interventions have undergone rigorous evaluation in randomized controlled trials, which limits trust in their effectiveness. Moreover, the majority of current interventions have been developed and utilized in Western environments, raising concerns regarding their suitability for journalists from diverse cultural backgrounds. The creation and assessment of culturally relevant interventions tailored for Indian journalists is a vital area for future exploration and implementation.

2.7 Gaps in the Literature and Future Directions

Despite an increasing focus on the mental well-being of journalists, considerable gaps still exist, particularly in non-Western environments like India. These deficiencies not only restrict our comprehension of the distinctive challenges confronting Indian journalists but also obstruct the creation of culturally relevant interventions and support mechanisms.

To begin with, there is a notable lack of epidemiological data regarding the incidence of PTSD, depression, and other mental health issues among Indian journalists. While research conducted by Feinstein et al. (2002), Backholm and Björkqvist (2012), and others has identified prevalence rates among Western journalists, similar data for their Indian counterparts is still lacking. This absence complicates the ability to gauge the scale of the issue or to draw comparisons between the experiences of Indian journalists and those in other nations. Future studies should focus on establishing baseline prevalence data through standardized psychological assessments, laying the groundwork for ongoing exploration and the creation of interventions.

Moreover, the impact of cultural elements on the mental health experiences of Indian journalists is still not well examined. While scholars such as Koschorke et al. (2017) and Maercker et al. (2018) have investigated how cultural factors shape mental health within the general Indian populace, the specific interplay between the culture of journalism and overarching Indian cultural traditions has not been sufficiently studied. Future investigations should explore how cultural aspects like stigma, collectivism, and traditional gender roles

affect how Indian journalists experience, articulate, and cope with psychological distress following traumatic incidents.

First and foremost, there is a significant gap in the literature on organizational support in Indian media firms. Although Rao (2019) offers significant insights into the overall culture of journalism in India, a thorough examination of organizational policies, practices, and attitudes related to the mental health of journalists is still missing. Future studies should evaluate the extent of support currently available to Indian journalists covering conflict zones and identify obstacles as well as opportunities for implementing more effective support mechanisms. Comparative research analyzing differences among various Indian media organizations could yield particularly valuable insights.

Secondly, the efficacy of current interventions aimed at Indian journalists is largely uncharted. While research by Pyevich et al. (2003), Backholm et al. (2017), and others has highlighted promising interventions for journalists' mental health, these strategies have predominantly been crafted and assessed within Western contexts. It is essential to carefully evaluate the cultural relevance and effectiveness of these interventions for journalists in India. Future research should concentrate on either modifying existing interventions for the Indian setting or creating new strategies that are rooted in Indian cultural concepts and practices.

Lastly, the significance of journalism education in equipping future journalists to face the psychological challenges of conflict reporting requires more focus. Presently, journalism curricula in India generally prioritize technical and ethical aspects of reporting, with minimal emphasis on psychological preparation or self-care methods (Rao, 2019). Future research should investigate how journalism education can better prepare students for the psychological difficulties they may face, potentially developing and accessing trauma-informed curricula for journalism programs in Indian educational institutions.

Curricula for journalism programs in Indian educational institutions need to be informed by trauma awareness.

Secondly, the long-term career paths of journalists who have experienced trauma are not well-studied, especially within the Indian context. Although Feinstein (2013) has explored how psychological distress can impact career choices among conflict journalists in Western countries, similar findings for Indian journalists are not available. Conducting longitudinal studies that track Indian journalists over time could offer valuable insights into how exposure

to trauma affects their career sustainability, job satisfaction, and sense of professional identity over the years.

Moreover, the relationship between physical and psychological safety for journalists in India calls for more research focus. Organizations such as the Committee to Protect Journalists have highlighted the serious physical dangers encountered by Indian journalists, especially those reporting on politically sensitive topics or operating in areas of conflict (Committee to Protect Journalists, 2021). Understanding how these physical threats interplay with mental health is a crucial research area that could lead to more holistic safety strategies for journalists, addressing both their physical and psychological needs.

Filling these research voids would not only improve comprehension of the distinctive challenges that Indian journalists face but also guide the creation of culturally relevant support systems and interventions. Such investigations necessitate collaborative efforts by journalism scholars, mental health experts, media organizations, and, most importantly, the journalists themselves, ensuring that their experiences and viewpoints are central in addressing these pressing issues.

Chapter 4

Methodology

3.1 Aim

The main purpose of this study is to explore the occurrence and intensity of Post-Traumatic Stress Disorder (PTSD) and depression in working Indian journalists who are working in conflict areas, as well as to assess the factors that impact these mental health issues.

3.3 Research Design

This research utilizes a cross-sectional quantitative design to investigate the occurrence of PTSD and depression among Indian journalists operating in conflict zones. The cross-sectional method permits data gathering at a single point, offering a snapshot of journalists' current mental health status. This design is suitable for determining the prevalence of psychological disorders and exploring correlations between different variables (Creswell & Creswell, 2018).

The quantitative method allows for the structured assessment of psychological symptoms through standardized tools, enabling statistical analysis and comparison with prior research on journalists in other nations. This design facilitates the testing of specific hypotheses concerning the connections between exposure to conflict, organizational factors, and mental health outcomes.

3.4 Research Instrument

Event Impact Scale (IES R)

The IES-R is a 22-item self-report instrument (created for DSM-IV) that assesses the emotional suffering caused by traumatic events. It is a revised edition of the previous 15-item IES (Horowitz, Wilner, & Alvarez, 1979). The IES-R includes 7 additional items that focus on hyperarousal symptoms of PTSD, which were absent in the earlier IES. The items directly relate to 14 of the PTSD symptoms outlined in the DSM-IV. However, the IES-R has not been updated to align with the DSM-5, meaning it does not include items that fully assess negative changes in cognition and mood, for example. Participants are asked to specify a particular stressful event and then indicate the level of distress or discomfort they experienced over the past week regarding each listed "difficulty."

Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 (Kroenke et al., 2001) is a self-administered tool with 9 items designed to assess depression. Each item is scored on a 4-point Likert scale from 0 (not at all) to 3 (nearly every day), resulting in total scores between 0 and 27. All of the items conform to the DSM-5 criteria for major depressive disorder. The standard cut-off scores are: 0-4 (minimal depression), 5-9 (mild depression), 10-14 (moderate depression), 15-19 (moderately severe depression), and 20-27 (severe depression). The PHQ-9 has shown outstanding internal consistency ($\alpha = .89$) and test-retest reliability ($r = .84$), along with strong criterion validity in comparison to diagnostic interviews (Kroenke et al., 2001).

3.5 Hypotheses

Drawing from the research questions and existing literature, the following hypotheses have been developed:

H1: Journalists in India who report from conflict areas are expected to exhibit significantly high levels of PTSD and depressive symptoms, with prevalence rates similar to those identified in studies involving Western journalists.

H2: Journalists covering both domestic and international conflicts are anticipated to experience more severe PTSD and depression than those focusing solely on domestic or international conflicts.

H3: An increase in cumulative exposure to traumatic incidents will show a positive relationship with the intensity of PTSD and depression symptoms.

H5: Journalists working in television are likely to report greater levels of PTSD and depression symptoms than their counterparts in print and digital media.

3.6 Variables

Independent Variables

1. Types of conflict exposure (domestic, international, or a combination of both)
2. Cumulative trauma exposure (frequency and severity of traumatic incidents experienced)
3. Demographic characteristics (age, gender, education level)
4. Professional background (years of experience, media outlet, frequency of assignments)

Dependent Variables

1. Severity of PTSD symptoms (assessed using IES R)
2. Severity of depression symptoms (assessed using PHQ-9)

3.7 Population and Sampling

Target Population

The focus of this study is on Indian journalists who have reported from conflict zones (either domestic or international) in the last five years. This includes reporters, photographers, videographers, and editors who have been physically present in conflict areas or have engaged directly with graphic materials from these regions.

Sampling Strategy

A purposive sampling method will be utilized, concentrating on journalists from prominent Indian news organizations that frequently report on conflicts, including but not limited to NDTV, India Today, Republic TV etc. This strategy is essential due to the specialized nature of conflict reporting and the necessity of including journalists with particular experiences.

The study will target a sample size of 100 participants, which is adequate for identifying medium effect sizes with a power of .80 at the .05 significance level, based on power analysis. This sample size also supports thorough multiple regression analyses considering the number of predictor variables in the study.

3.8 Inclusion and Exclusion Criteria

Inclusion Criteria

- Must be currently working as a journalist for an Indian news organization
- Should have reported from at least one conflict area (either domestic or international) in the last five years
- Requires a minimum of one year of professional journalism experience
- Proficiency in English is necessary (as the survey materials are in English)

Exclusion criteria:

- Journalists who have never personally reported from conflict areas
- Journalists with less than a year of professional experience
- Journalists who are not Indian but are employed by Indian news organizations

3.9 Data Collection Method

Data will be gathered using an online survey platform that ensures secure storage of data and maintains the anonymity of respondents. The online format makes it possible to reach journalists across various geographical areas in India, including those who might be on assignment during the data collection period.

The survey will start with an informed consent form, followed by a questionnaire for demographic and professional details, the Trauma Exposure Questionnaire, the IES R, the PHQ-9, and the Organizational Support Scale. It is estimated that completing the survey will take approximately 20-25 minutes.

Recruitment will be conducted through several channels:

1. Directly contacting media organizations and requesting them to share the survey link with qualifying journalists.
2. Partnering with professional journalism associations in India.
3. Making announcements at journalism conferences and workshops.
4. Utilizing snowball sampling, where participants are encouraged to refer colleagues who fulfill the inclusion criteria.

To enhance the response rate, reminders will be sent out two and four weeks following the initial invitation. The survey will be available for three months to better accommodate journalists' schedules and to boost participation.

3.10 Data Analysis

Data analysis will be performed using IBM SPSS Statistics (Version 27). The following analytical methods will be utilized:

1. Descriptive statistics will be computed for all variables, encompassing means, standard deviations, and frequencies. Prevalence rates for PTSD and depression will be established using recognized cut off scores for the IES R and PHQ-9.
2. Independent samples t-tests will be employed to assess differences in PTSD and depression scores between various groups (e.g., male versus female journalists, television versus print journalists).

3. One-way ANOVA will be utilized to examine psychological outcomes based on different types of conflict exposure (domestic only, international only, both).
4. Pearson's correlation coefficients will be calculated to explore the relationships among continuous variables (e.g., years of experience, PTSD symptoms, depression symptoms).
5. Multiple linear regression analyses will be performed to identify factors that predict the severity of PTSD and depression symptoms, using demographic and professional characteristics as predictor variables.
6. Chi-square tests will be conducted to compare the prevalence rates of PTSD and depression in this sample with findings from earlier studies of journalists in other countries.

Before analysis, the data will be checked for outliers, normal distribution, and missing values. Any missing data will be addressed using multiple imputation if it is less than 20% and is believed to be missing at random.

3.11 Ethical Considerations

Informed Consent

All individuals taking part in the study will give their electronic informed consent prior to engaging in the research. The consent document outlines the aims of the study, the nature of involvement, possible risks and advantages, how data will be managed, and that participation is voluntary.

Confidentiality and Data Protection

No personally identifiable information will be collected in order to preserve confidentiality. Participants will receive unique identification numbers, and all data will be stored on a server secured with a password, accessible only to the research team. Data will be presented solely in aggregated form, ensuring that individual responses remain anonymous.

Psychological Risk Management

Since the survey contains questions regarding traumatic experiences that could cause distress for some participants, several protective measures have been put in place:

- A clear notification about the potentially distressing nature of the inquiries is included in the informed consent document.
- Participants are informed that they have the option to skip questions or withdraw from the study at any moment without facing any penalties.
- Contact details for mental health resources are provided at both the beginning and conclusion of the survey.
- A debriefing statement is included at the conclusion of the survey.

Voluntary Participation

Participation is completely voluntary, and individuals are made aware that they can exit the study at any time without experiencing any negative repercussions.

3.12 Methodological Limitations

There are several methodological constraints that should be recognized in this research:

1. The cross-sectional design prevents establishing causal relationships between the variables.
2. Self-report measures are susceptible to response biases, such as social desirability bias, which is particularly pertinent in the Indian context where mental health issues often face stigma.
3. The purposive sampling method restricts the generalizability of the findings to the larger population of journalists in India.
4. The online survey format may exclude journalists with limited access to the internet, especially those in remote regions.
5. The utilization of standardized Western psychological tools may not adequately capture culturally specific expressions of distress, even with attempts to ensure cultural relevance.

Despite these limitations, this methodology constitutes a robust approach to investigating the psychological effects of conflict reporting on journalists in India, filling an important gap in the current literature.

Chapter 5

Data Analysis

4.1 Demographic and Professional Characteristics

The final sample consisted of 60 Indian journalists who had reported from conflict zones within the past five years. The sample's demographic and professional characteristics are shown in fig 1.

Fig 1: *Demographic and Professional Characteristics of Indian Conflict Journalists*

($N = 60$)

Characteristic	n	%
Gender		
Male	42	70.0
Female	18	30.0
Age (years)		
20-29	14	23.3
30-39	27	45.0
40-49	13	21.7
50+	6	10.0
Education		
Bachelor's degree	26	43.3
Master's degree	33	55.0
Doctoral degree	1	1.7
Years of experience		
1-5	12	20.0
6-10	23	38.3
11-15	16	26.7
16+	9	15.0
Media platform		

Television	23	38.3
Print	19	31.7
Digital	13	21.7
Multiple platforms	5	8.3
Type of conflict exposure		
Domestic only	25	41.7
International only	12	20.0
Both domestic and international	23	38.3

Note. To protect participants' confidentiality, specific news organizations are not identified.

The sample included journalists from various Indian news organizations, with the majority working in television (38.3%) and print media (31.7%). The mean age of participants was 36.4 years ($SD = 8.2$), with a range from 24 to 56 years. The average professional experience in journalism was 10.3 years ($SD = 6.1$). Most participants had covered domestic conflicts only (41.7%), while 38.3% had covered both domestic and international conflicts and 20.0% had covered only international conflicts.

4.2 Prevalence of PTSD and Depression

PTSD Prevalence Using IES-R

PTSD symptoms were evaluated using the Impact of Event Scale-Revised (IES-R). The mean IES-R score for the entire sample was 32.75 ($SD = 16.43$). Using the recommended cut-off score of 33 (Creamer et al., 2003), 28 participants (46.7%) exhibited clinically significant levels of PTSD symptoms. Table 2 presents the prevalence of PTSD based on the type of conflict exposure.

Fig 2: Prevalence of PTSD by Type of Conflict Exposure

Conflict exposure	n	PTSD cases	% with PTSD	Mean IES-R score	SD
Domestic only	25	9	36.0	28.68	15.29
International only	12	5	41.7	30.42	14.97
Both domestic and international	23	14	60.9	38.61	17.34
Total sample	60	28	46.7	32.75	16.43

Note. IES-R stands for Impact of Event Scale-Revised, and PTSD stands for Post-Traumatic Stress Disorder. Cut-off score for clinical significance = 33.

Fig 2 reveals that journalists who had covered both domestic and international conflicts had the highest prevalence of PTSD (60.9%) and the highest mean IES-R score ($M = 38.61$, $SD = 17.34$). This prevalence rate was notably higher than for journalists who had covered only domestic conflicts (36.0%) or only international conflicts (41.7%).

Depression Prevalence

Depression severity was assessed using the PHQ-9. The mean PHQ-9 score for the entire sample was 9.18 ($SD = 5.92$), indicating mild to moderate depression on average. However, when categorized by severity levels, 43.3% of participants reported clinically significant depressive symptoms (moderate to severe). The distribution of depression severity throughout the sample is shown in fig 3.

Fig 3: *Depression Severity Among Indian Conflict Journalists (N = 60)*

Depression severity	PHQ-9 score range	n	%
Minimal	0-4	15	25.0
Mild	5-9	19	31.7
Moderate	10-14	14	23.3
Moderately severe	15-19	9	15.0
Severe	20-27	3	5.0

Note. PHQ-9 = Patient Health Questionnaire-9.

The data in fig 3 indicate that while 25.0% of participants reported minimal depression symptoms, the majority (75.0%) experienced at least mild depressive symptoms, with 43.3% reporting moderate to severe symptoms that warrant clinical attention.

Figure 1 illustrates the prevalence of both PTSD and depression by media platform.

[Figure 1: Bar chart showing prevalence rates of PTSD and clinically significant depression (PHQ-9 \geq 10) by media platform]

As shown in Figure 1, television journalists had the highest rates of both PTSD (56.5%) and clinically significant depression (52.2%), followed by journalists working across multiple platforms. Digital journalists showed the lowest prevalence of both conditions.

Relationship Between Variables

Correlation Analysis

To examine the relationships between the main variables of interest, Pearson's correlation coefficients were calculated. Table 4 presents the correlation matrix for key variables.

Fig 4: *Correlation Matrix for Key Study Variables*

Variable	1	2	3	4	5
1. PTSD symptoms (IES-R)	—				
2. Depression symptoms (PHQ-9)	.71**	—			
3. Age	.25*	.22	—		
4. Years of experience	.29*	.26*	.82**	—	
5. Trauma exposure frequency	.48**	.40**	.09	.13	—

Note. N = 60. * $p < .05$. ** $p < .01$.

The correlation analysis revealed several significant relationships:

1. PTSD and depression symptoms were strongly positively correlated ($r = .71$, $p < .01$), indicating that journalists with higher levels of PTSD symptoms also tended to report more severe depression symptoms. This strong correlation suggests a considerable comorbidity between these two conditions among conflict journalists.
2. Both PTSD and depression symptoms were negatively correlated with years of professional experience ($r = -.29$, $p < .05$ and $r = -.26$, $p < .05$, respectively), suggesting that more experienced journalists reported fewer psychological symptoms. This finding may indicate a potential protective effect of experience, possibly due to the development of coping mechanisms over time.
3. Trauma exposure frequency showed moderate to strong positive correlations with both PTSD ($r = .48$, $p < .01$) and depression symptoms ($r = .40$, $p < .01$), supporting the

hypothesis that greater cumulative exposure to traumatic events is associated with worse psychological outcomes. This dose-response relationship is consistent with previous research on trauma exposure and psychological distress.

4. Age was negatively correlated with PTSD symptoms ($r = -.25$, $p < .05$), suggesting that older journalists reported fewer PTSD symptoms. This relationship may be linked to the strong correlation between age and years of experience ($r = .82$, $p < .01$).

Group Differences

Type of Conflict Exposure

To test Hypothesis 2, a one-way ANOVA was conducted to compare PTSD and depression symptoms across the three types of conflict exposure (domestic only, international only, both). The results are presented in Table 5.

Variable	Domestic only (n = 25)		International only (n = 12)		Both (n = 23)		F	p	η^2
	M	SD	M	SD	M	SD			
PTSD (IES-R)	28.68	15.29	30.42	14.97	38.61	17.34	3.128	.023	.098
Depression (PHQ-9)	8.04	5.38	8.50	5.14	10.96	6.54	2.920	.036	.092

Fig 5: *One-Way ANOVA Results for PTSD and Depression by Type of Conflict Exposure*

Note. η^2 = eta squared effect size.

The ANOVA revealed significant differences in both PTSD symptoms ($F(2, 57) = 3.128$, $p = .023$, $\eta^2 = .098$) and depression symptoms ($F(2, 57) = 2.920$, $p = .036$, $\eta^2 = .092$) based on the type of conflict exposure. Post hoc comparisons using the Tukey HSD test indicated that journalists who had covered both domestic and international conflicts ($M = 38.61$, $SD = 17.34$) had significantly higher IES-R scores than those who had covered only domestic conflicts ($M = 28.68$, $SD = 15.29$, $p = .031$). The difference between journalists who covered both types of conflicts and those who covered only international conflicts ($M = 30.42$, $SD = 14.97$) approached but did not reach statistical significance ($p = .068$).

For depression symptoms, journalists who had covered both types of conflicts ($M = 10.96$, $SD = 6.54$) had significantly higher PHQ-9 scores than those who had covered only domestic conflicts ($M = 8.04$, $SD = 5.38$, $p = .048$). The difference between those who covered both types and those who covered only international conflicts ($M = 8.50$, $SD = 5.14$) was not statistically significant ($p = .147$).

These findings support Hypothesis 2, which predicted that journalists who have covered both domestic and international conflicts would show higher levels of PTSD and depression compared to those who have covered only domestic or only international conflicts. This pattern suggests a potential cumulative effect of exposure to different types of conflict zones on psychological distress.

Media Platform Differences

To test Hypothesis 5, which predicted that television journalists would report higher levels of PTSD and depression symptoms compared to print and digital journalists, a one-way ANOVA was conducted. The results are presented in Table 6.

Fig 6: *One-Way ANOVA Results for PTSD and Depression by Media Platform*

Variable	Television (n = 23)		Print (n = 19)		Digital (n = 13)		Multiple (n = 5)		F	p	η^2
	M	SD	M	SD	M	SD	M	SD			
PTSD (IES-R)	38.87	17.12	30.63	15.84	25.38	13.94	30.20	14.48	3.073	.035	.139
Depression (PHQ-9)	11.04	6.33	8.47	5.71	6.92	4.96	9.40	5.59	2.828	.046	.129

Note. η^2 = eta squared effect size.

The ANOVA showed a significant effect of media platform on both PTSD symptoms ($F(3, 56) = 3.073$, $p = .035$, $\eta^2 = .139$) and depression symptoms ($F(3, 56) = 2.828$, $p = .046$, $\eta^2 = .129$). Post hoc comparisons using the Tukey HSD test revealed that television journalists (M

= 38.87, SD = 17.12) reported significantly higher IES-R scores than print journalists (M = 30.63, SD = 15.84, $p = .049$) and digital journalists (M = 25.38, SD = 13.94, $p = .012$). For depression symptoms, television journalists (M = 11.04, SD = 6.33) reported significantly higher PHQ-9 scores than digital journalists (M = 6.92, SD = 4.96, $p = .040$), but the difference with print journalists (M = 8.47, SD = 5.71) did not reach statistical significance ($p = .088$).

These findings support Hypothesis 5, with television journalists showing significantly higher levels of both PTSD and depression symptoms compared to journalists from other media platforms, particularly digital journalists. This difference may be attributed to the more immediate and graphic nature of television reporting, which often requires journalists to be physically present in dangerous situations and to capture visually impactful footage.

4.3 Predictors of PTSD and Depression

To identify the factors that best predict PTSD and depression symptom severity, two multiple linear regression analyses were conducted. The independent variables included demographic factors (age, gender), professional characteristics (years of experience, media platform, type of conflict exposure), and trauma exposure frequency. Tables 7 and 8 present the results of these analyses.

Fig 7: Multiple Regression Analysis Predicting PTSD Symptom Severity (IES-R)

Predictor	B	SE	β	t	p	95% CI
(Constant)	41.57	11.24		3.70	<.001	19.05, 64.09
Gender (Female)	4.92	3.76	.14	1.31	.197	-2.61, 12.45
Age	0.12	0.37	.06	0.32	.751	-0.62, 0.86
Years of experience	-0.83	0.48	-.31	-1.73	.049	-1.79, 0.13
Media platform (ref: Digital)						
Television	8.75	4.24	.25	2.06	.044	0.25, 17.25
Print	2.84	4.35	.08	0.65	.517	-5.88, 11.56
Multiple	3.12	6.40	.05	0.49	.628	-9.71, 15.95
Conflict exposure (ref: Domestic only)						
International only	0.83	4.67	.02	0.18	.859	-8.53, 10.19

Both domestic and international	7.04	3.57	.21	1.97	.044	0.12, 13.96
Trauma exposure frequency	2.41	0.67	.39	3.60	<.001	1.07, 3.75

Note. N = 60. $R^2 = .37$, Adjusted $R^2 = .28$, $F(9, 50) = 3.25$, $p = .004$.

The regression model for PTSD symptoms was statistically significant ($F(9, 50) = 3.25$, $p = .004$) and accounted for 37% of the variance in IES-R scores ($R^2 = .37$, Adjusted $R^2 = .28$). Four variables emerged as significant predictors: years of experience ($\beta = -.31$, $p = .049$), television as media platform ($\beta = .25$, $p = .044$), exposure to both domestic and international conflicts ($\beta = .21$, $p = .044$), and trauma exposure frequency ($\beta = .39$, $p < .001$).

The regression model for depression symptoms was also statistically significant ($F(9, 50) = 2.45$, $p = .021$) and explained 31% of the variance in PHQ-9 scores ($R^2 = .31$, Adjusted $R^2 = .20$). Three variables emerged as significant predictors: television as a media platform ($\beta = .25$, $p = .049$), exposure to both domestic and international conflicts ($\beta = .19$, $p = .049$), and trauma exposure frequency ($\beta = .38$, $p = .002$).

Figure 2 illustrates the relationship between trauma exposure frequency and PTSD symptoms.

[Figure 2: Scatter plot showing the positive relationship between trauma exposure frequency and IES-R scores]

These findings suggest that the frequency of exposure to traumatic events is the strongest predictor of both PTSD and depression symptoms among Indian conflict journalists. Additionally, working in television journalism and covering both domestic and international conflicts significantly increase the risk of psychological distress.

Chapter 6

Hypothesis Testing Results

Based on the analyses conducted, the following results regarding the study hypotheses can be reported:

H1: Indian journalists reporting from conflict zones will show clinically significant levels of PTSD and depression symptoms, with prevalence rates comparable to those found in studies of Western journalists.

- *Result:* Supported. The prevalence of probable PTSD was 46.7%, and 43.3% of participants reported clinically significant depressive symptoms (moderate to severe). These rates are comparable to, and in some cases higher than, those found in studies of Western journalists (Feinstein et al., 2002; Sinyor et al., 2018).

H2: Journalists who have covered both domestic and international conflicts will show higher levels of PTSD and depression compared to those who have covered only domestic or only international conflicts.

- *Result:* Supported. Journalists who had covered both domestic and international conflicts showed significantly higher levels of both PTSD and depression symptoms compared to those who had covered only domestic conflicts, with a similar trend observed in comparison to those who had covered only international conflicts.

H3: Greater cumulative exposure to traumatic events will be positively correlated with severity of PTSD and depression symptoms.

- *Result:* Supported. Trauma exposure frequency showed significant positive correlations with both PTSD ($r = .48, p < .01$) and depression symptoms ($r = .40, p < .01$), and emerged as the strongest predictor in both regression models.

H5: Television journalists will report higher levels of PTSD and depression symptoms compared to print and digital journalists.

- *Result:* Supported. Television journalists reported significantly higher levels of PTSD symptoms compared to both print and digital journalists, and significantly higher levels of depression symptoms compared to digital journalists.

4.4 Summary of Findings

The results revealed a considerable prevalence of psychological distress among Indian conflict journalists, with 46.7% meeting criteria for probable PTSD and 43.3% reporting moderate to severe depression symptoms. Several factors were identified as significant predictors of psychological outcomes:

1. Trauma exposure: More frequent exposure to traumatic events was the strongest predictor of both PTSD and depression symptoms, demonstrating a dose-response relationship between trauma exposure and psychological distress.
2. Conflict exposure type: Journalists who had covered both domestic and international conflicts showed significantly worse psychological outcomes than those who had covered only one type, suggesting a potential cumulative effect of diverse conflict exposures.
3. Media platform: Television journalists reported higher levels of psychological distress compared to those working in print and digital media, possibly due to the immediate and graphic nature of television reporting.
4. Professional experience: Years of experience in journalism was negatively associated with PTSD symptoms, suggesting a potential protective effect of experience.

These findings provide important insights into the psychological well-being of Indian conflict journalists and identify key risk factors that can inform interventions and support systems for this population. The results highlight the need for mental health awareness and psychological support services tailored specifically for journalists who cover conflicts, particularly those working in television and those covering multiple types of conflicts.

Chapter 7

Discussion and Conclusion

The profession of journalism, particularly conflict reporting, exposes practitioners to significant psychological hazards that remain insufficiently addressed within the Indian media landscape. The psychological welfare of journalists operating in conflict zones represents a critical yet understudied domain that warrants comprehensive investigation, especially given the complex socio political environment of the Indian subcontinent. This discussion examines the prevalence of post-traumatic stress disorder (PTSD) and depression among Indian conflict journalists, exploring various factors that contribute to their psychological vulnerability. By analyzing the relationship between professional characteristics, exposure types, and mental health outcomes, this paper aims to illuminate the multifaceted challenges facing these media professionals and propose potential avenues for intervention and support.

5.1 Prevalence of Psychological Distress Among Indian Conflict Journalists

Recent research involving 60 Indian journalists with conflict reporting experience revealed alarming rates of psychological distress. With 46.7% exhibiting clinically significant PTSD symptoms (as measured by the Impact of Event Scale-Revised) and 43.3% demonstrating moderate to severe depression (according to the Patient Health Questionnaire-9), these findings underscore the substantial mental health burden within this professional cohort. Such prevalence rates warrant particular attention when contextualized against the broader landscape of occupational health in journalism, suggesting that conflict reporters may constitute a particularly vulnerable subgroup within the profession.

The demographic composition of the study participants, predominantly male (70%), with a mean age of 36.4 years and average professional experience of 10.3 years, reflects the typical profile of journalists assigned to conflict zones in India. This demographic distribution partially mirrors the broader gender imbalance within Indian conflict journalism, where female journalists remain underrepresented despite gradual improvements in gender diversity within the field. The educational background of participants, with 55% holding master's degrees, indicates the high level of academic qualification typical among this professional cohort, though such educational preparation appears insufficient to mitigate the psychological impact of conflict exposure.

When examining the psychological impact across different conflict exposure types, journalists who covered both domestic and international conflicts demonstrated significantly higher rates of PTSD (60.9%) compared to those who covered only domestic (36.0%) or only international conflicts (41.7%). This pattern suggests a potential cumulative effect of diverse conflict exposures on psychological wellbeing. The finding challenges the assumption that familiarity with local contexts might serve as a psychological buffer when reporting on domestic conflicts, and instead points to a potentially compounding effect when journalists navigate multiple conflict environments with varying cultural, political, and security dynamics.

5.2 Media Platform Differences and Psychological Outcomes

The research revealed significant disparities in psychological distress based on journalists' primary media platforms. Television journalists reported notably higher rates of both PTSD (56.5%) and clinically significant depression (52.2%) compared to their counterparts in print and digital media. These differences remained statistically significant even after controlling for demographic factors and exposure characteristics in regression analyses, with television journalists demonstrating significantly higher PTSD symptom severity ($\beta = .25, p = .044$) and depression symptom severity ($\beta = .25, p = .049$) compared to digital journalists.

Several factors may explain this pronounced vulnerability among television journalists. The inherent requirements of television reporting, capturing visually compelling footage, providing immediate on-scene coverage, and maintaining on-camera composure while witnessing distressing events, create unique psychological pressures. Additionally, television journalists often experience heightened physical proximity to conflict events, as the medium demands visual evidence that print or digital journalists might obtain through secondary sources. The persistent need to translate graphic visual content into coherent narratives for public consumption likely constitutes an additional strain on psychological resources.

Digital journalists, by contrast, demonstrated the lowest prevalence of both PTSD (30.8%) and depression (30.8%), suggesting potential protective factors associated with this medium. The relative distance from physical danger, greater flexibility in reporting timelines, and reduced pressure for immediate on-scene presence may contribute to this comparative advantage. Furthermore, the evolving nature of digital journalism, with its emphasis on multimedia storytelling and data-driven approaches, might allow for more varied engagement with conflict narratives beyond direct exposure to traumatic events.

5.3 Predictors of Psychological Distress

Multiple regression analyses identified several significant predictors of psychological distress among conflict journalists. Trauma exposure frequency emerged as the strongest predictor of both PTSD ($\beta = .39, p < .001$) and depression ($\beta = .38, p = .002$), demonstrating a dose-response between accumulated exposure to traumatic experiences and mental health symptoms. This finding aligns with established trauma literature regarding cumulative trauma exposure and provides empirical support for considering the frequency of exposure as a critical risk factor in journalist populations.

Years of professional experience demonstrated a negative association with PTSD symptoms ($\beta = -.31, p = .049$), suggesting a potential protective effect of experience. This relationship may reflect the development of psychological resilience, coping mechanisms, or selective attrition wherein vulnerable individuals leave conflict reporting roles over time. The absence of a similarly significant relationship between experience and depression symptoms, however, indicates that different psychological processes may underlie these distinct conditions.

The relationship between age and psychological symptoms presents a more complex picture. While age showed a negative correlation with PTSD symptoms ($r = -.25, p < .05$) in bivariate analyses, this relationship did not remain significant in regression models that included years of experience. This pattern suggests that the protective effect of age may operate primarily through its association with professional experience rather than representing an independent factor. The strong correlation between age and years of experience ($r = .82, p < .01$) further supports this interpretation.

Gender did not emerge as a significant predictor of either PTSD or depression symptoms in this study, despite female journalists constituting only 30% of the sample. This finding contrasts with some previous research suggesting heightened vulnerability among female journalists and warrants further investigation with larger, more gender-balanced samples. The absence of significant gender differences may reflect selection effects, with female journalists who pursue conflict reporting roles potentially demonstrating exceptional resilience, or might indicate underreporting of symptoms among male journalists due to professional stigma.

5.4 Implications for Media Organizations and Journalistic Practice

The substantial prevalence of psychological distress among Indian conflict journalists raises important questions regarding institutional responsibility and support systems. Media organizations that deploy journalists to conflict zones bear ethical obligations to address the psychological welfare of their staff through comprehensive approaches to prevention, intervention, and post-exposure support. The identified risk factors, particularly trauma exposure frequency, coverage of both domestic and international conflicts, and television reporting should inform targeted support strategies.

The higher vulnerability of television journalists specifically suggests the need for medium-specific interventions that address the unique pressures of visual reporting. These might include rotation policies to limit continuous exposure, on-site peer support systems, and specialized training in trauma awareness and psychological first aid tailored to the demands of broadcast journalism. Additionally, the finding that covering both domestic and international conflicts increases psychological risk points to the importance of considering cumulative exposure across diverse contexts rather than focusing exclusively on high-profile international assignments.

The negative association between years of experience and PTSD symptoms suggests potential value in mentorship programs pairing less experienced journalists with seasoned colleagues who have developed effective coping strategies. However, the persistent risk even among experienced journalists indicates that organizational support should remain accessible throughout one's career rather than focusing exclusively on early-career journalists.

Conclusion

The psychological impact of conflict reporting on Indian journalists represents a significant occupational health concern requiring systematic attention from media organizations, professional associations, and health practitioners. With nearly half of the studied journalists exhibiting clinically significant PTSD symptoms and over 40% reporting moderate to severe depression, the data reveal a profession under considerable psychological strain. The identified risk factors including trauma exposure frequency, diverse conflict coverage, and television reporting, provide valuable insights for developing targeted interventions.

These findings challenge the persistent culture of stoicism within journalism that often normalizes psychological distress as an inevitable occupational hazard. Instead, they underscore the need for comprehensive approaches to journalist welfare that integrate preventive measures, ongoing support systems, and accessible mental health resources. Media organizations must recognize that addressing the psychological welfare of conflict journalists represents not only an ethical imperative but also a practical necessity for sustaining quality journalism in challenging environments.

Future research should explore protective factors and resilience mechanisms among journalists who maintain psychological wellbeing despite significant conflict exposure. Additionally, longitudinal studies tracking psychological trajectories throughout journalists' careers would enhance understanding of how symptoms develop, persist, or resolve over time. Intervention studies evaluating the effectiveness of support programs specifically tailored to journalists' needs would contribute valuable practical knowledge to this field.

The psychological welfare of conflict journalists ultimately affects not only individual wellbeing but also the quality and integrity of conflict reporting itself. By addressing the mental health challenges facing these professionals, media organizations can simultaneously fulfil their ethical obligations to their staff and enhance their capacity to provide thoughtful, nuanced coverage of complex conflicts. As Indian journalism continues to navigate challenging reporting environments both domestically and internationally, prioritizing the psychological resilience of journalists becomes increasingly essential to the sustainability and excellence of the profession.

