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**EFFECTIVENESS OF TALKING CURE THERAPY IN DEALING WITH TRAUMA  
AMONGST JOURNALISTS IN KENYA**

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## EFFECTIVENESS OF TALKING CURE THERAPY IN DEALING WITH TRAUMA AMONGST JOURNALISTS IN KENYA

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### ABSTRACT

**Methodology:** This study adopted mixed methods (qualitative and quantitative) with bias towards quantitative. Data was collected using both interviews and questioners. Data collected was cleaned, coded and analyzed using statistical package for social sciences (SPSS). The data was presented using both qualitative and quantitative statistics.

**Results:** The study found that talking cure therapy is a good strategy of dealing with trauma among journalists.

**Unique contribution to theory, practice and policy:** The study recommends that journalist should talk about their traumatic experiences. This will help them in dealing with trauma. In addition media houses should look for talking platforms for journalists to talk about their traumatic experiences.

**Key Words:** *Trauma, Journalists, Therapy, Cure*

## 1.0INTRODUCTION

### 1.1Background

Exposure to traumatic scenes and sounds is inevitable for journalist since traumatic events occur spontaneously during the course of their duty. Traumatic events in the journalism docket such as fires, calamities, grisly road accidents, terrorist attacks among others are not always predictable and are very frequent and unavoidable for the journalists in their daily career (Dworznik, 2011).

Traumatic stress has no bearing on the time that it affects a person, in that it can affect an individual while watching an event unfold in real time or even months or years later (Dart Centre, 2003). Ochberg (2003) observes that it is important for journalists to anticipate Post Traumatic Stress Disorder (PSTD), recognize it and report it , so as to enhance the reporter's professionalism and humanitarianism and also so that they can ask better and more sensitive questions, think of better stories as well as write better and more sensitive broadcasts.

Brayne (2007) and Simpson and Coté (2006) state that working in distressing situations can have an impact not only on victims, but also on journalists gathering and reporting the incidents. However it is important to note that there is an unwritten code among journalists holding that no assignment, no matter how brutal, can defy one's capacity to take a photograph, gather facts, and produce a story (DartCenter, 2014). However, this contradicts the newsroom code assumptions about emotional compartmentalization. In recent years, the role of traumatic stress and

journalism has come under closer inspection. According to research by Dart Centre (2007), 86% to 100% of journalists have witnessed work related traumatic events while covering the news.

PSTD dates back to the world war II and was commonly referred to as “combat neurosis.” “combat exhaustion,” or “battle fatigue” (Bentley, 2005). Psychiatrists strategies of dealing with the new phenomena at this time included administering sodium pentothal followed by suggestive therapy (or other barbiturates) to induce repressed battlefield experiences, and even disbursing liquor to soldiers (PBS, 2003).

Although soldiers and journalist all have equal chance of exposure to trauma events , it is not until recent media houses have started recognizing PTSD as issue and are now putting some strategies in place to deal with its effects.

### **1.2 Objectives of the study**

The objective of the study will be to establish the effectiveness of talking cure therapy in dealing with trauma amongst journalists in Kenya.

### **1.3 Statement of the Problem**

The lack of significant proportions of women in leadership and senior management positions in almost every organization, irrespective of whether in the commercial, industrial, military or public sector appears to be a worldwide phenomenon. Adler (1993) states: About the single most uncontroversial, incontrovertible statement to make about women in management is that there are very few of them. Numerous reasons have been suggested to explain the paucity of women in leadership positions, which have included cultural, social, legal, educational and organizational factors (Green glass & Marshall 1993).

## **2.0 EMPIRICAL REVIEW**

### **2.1 Empirical Studies**

Ericksson (1993) in his study brings out the understanding of the use of social media in managing trauma, where he states that people who have faced different traumas come together collectively on social media thus they negotiate meaning and they also attempt to cope with the traumatic events and its consequences together through public disclosure .

Dworznik’s study (2006) Use of Public information officers might also benefit from “talking cures” or using narratives as they prepare for press briefings, write media statements, and give interviews to the news media. Pennebaker (1997) found that not talking about painful or traumatic experiences consistently slowed the healing process and can cause health problems because it requires significant work to keep from talking about things that need to be expressed (Harber & Pennebaker, 1992). Folkman’s (1984) affirmed that the appraisal-based comforting model explains that people feel better after talking about their distress because verbalizing their thoughts and feelings helped them reappraise it cognitively.

Long (2013), in his study he tried to understand how journalist made sense of everyday trauma significant. The research found out that there were very few studies that focused on the impact that covering every day trauma has on journalists. The researcher explored a Interpretative Phenomenological Analysis (IPA) at an idiographic level on the lives of six journalists from sub-Saharan Africa, and how each made sense of the everyday trauma they experience in their work.

The findings showed that in each journalist's case, witnessing others' pain and trauma had a life changing impact; that empathy helped them cope with what they saw and experienced; and that they shared a tolerance for risk-taking. The study suggested that, journalists to be equipped with the necessary emotional tools to cope with the stress that they encounter in their work. The study conclude that it was important to take journalists' emotional coping strategies into account and avoid the notion that feeling numb in the face of emotional trauma is simply business as usual. The finding of this study acknowledged that coping with trauma by journalist should be taken seriously by equipping them with the necessary tools. This study move the conclusions of this study to a step further and identified interpersonal skills as one of the tools and seek to evaluate the effectiveness of the interpersonal skills.

## **2.2 Theoretical Literature**

### **2.2.1 Information processing Theory**

Information processing theorists propose that PTSD occurs as the result of an inability to adequately process traumatic events (Ehlers & Clark, 2000) Foa, Steketee and Rothbaum (1989) hypothesized that PTSD develops due to the formation of a fear network in the sufferer's memory which is stable, broad and easily activated. When trauma reminders activate the fear network, the information in this network enters consciousness (intrusive symptoms) and subsequent attempts to avoid this activation result in avoidance symptoms, which serve to maintain PTSD. Ehlers and Clark (2000) further proposed a cognitive model. They suggested that PTSD develops and becomes persistent when individuals process the trauma in a way that leads to a sense of serious and present threat. This sense of threat arises as a consequence of: 1) excessively negative appraisals of the trauma and/or its consequences the individual may make appraisals such as 'I attract disaster' or 'I can't cope with this' 2) a disturbance of autobiographical memory which may cause the person's trauma to be easily triggered and yet experience problems during intentional recall in therapeutic or workplace settings. In response to these negative appraisals and memory disturbances, individuals adopt various maladaptive coping strategies including rumination (excessive dwelling on the trauma), cognitive avoidance or substance use. These maladaptive strategies then perform the maintenance role in PTSD by increasing symptoms, preventing changes in negative appraisals and change in the trauma memory.

## **3.0 RESEARCH METHODOLOGY**

This study employed a mixed method design; both qualitative and quantitative but skewed more of qualitative methods. Creswell (2009), states that the mixed method of research is authoritative since it utilizes the strengths of both the qualitative and quantitative research methods. According to Teddlie and Yu (2007) in mixed methods sampling involves combining well established qualitative and quantitative techniques in creative ways to answer research questions posed by mixed method research designs.

## **4.0 RESULTS OF THE STUDY**

### **4.1 Response Rate**

The number of questionnaires that were administered was 90. A total of 75 questionnaires were properly filled and returned. This represented an overall successful response rate of 83.33% as

shown on Table 1. This agrees with Babbie (2004) who asserted that return rates of 50% are acceptable to analyze and publish, 60% is good and 70% is very good. Based on these assertion 83.33% response rate is adequate for the study.

**Table 1: Response Rate**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Returned	75	83.33%
Unreturned	15	16.67%
<b>Total</b>	<b>90</b>	<b>100%</b>

#### **4.2 Effectiveness of Talking Cure Therapy in Dealing with Trauma amongst Journalists in Kenya**

The second objective of the study was to establish the effectiveness of talking cure therapy in dealing with trauma amongst journalists in Kenya. The respondents were asked to respond to questions on talking cure therapy.

##### **4.2.1 Talking About Traumatic Events**

**Table 2: Talking about traumatic events**

<b>Talking Cure therapy</b>	<b>Frequency</b>	<b>Percentage</b>
Media manager	8	10.5%
Colleagues	34	44.7%
Friends/relatives	14	18.4%
Media managers	9	11.8%
Religious leaders	4	5.3%
Others	1	1.3%
None	6	7.9%
<b>Total</b>	<b>76</b>	<b>100</b>

The respondents were asked to indicate who they talk to about traumatic events they are exposed to. Results in table 2 revealed that 5% of the respondents indicated that they talk to colleagues, 18.4% indicated that they talk to relatives/friends, 11.8% indicated media managers, 10.5% indicated media manager, 9.7% indicated none, 5.3% indicated religious leaders while only 1.3% indicated none. These findings agree with that of Pennebaker (1997) who found that most employees talk to their colleagues about their experiences.

##### **4.2.2 Talking About Traumatic Experience**

The respondents were further asked to respond to questions on talking about traumatic experiences.



**Table 3: Talking cure therapy**

<b>Statement</b>	<b>Not at all</b>	<b>Slightly</b>	<b>Somew hat</b>	<b>Extremely Influential</b>	<b>Mean</b>	<b>Std. Dev</b>
Does talking to trauma survivors (role models) about your traumatic experience assist	10.70%	25.30%	10.00%	54.00%	3.57	0.98
does talking to peers/work mates about your traumatic experience assist	6.00%	22.70%	12.70%	58.70%	3.51	0.98
does talking to relatives/spouse/ wife/family/about your traumatic experience assist	16.70%	12.70%	20.00%	50.70%	3.55	1.19
does talking to your media manager about your traumatic experience assist	6.00%	18.70%	17.30%	58.00%	3.58	1.07
Does talking about your traumatic experience assist	27.80%	15.70%	8.40%	58.10%	3.47	1.00
<b>Total</b>					<b>3.52</b>	<b>1.03</b>

#### **4.2.2.1 Talking to Survivors**

The respondents were asked to indicate whether talking to trauma survivors about their traumatic experience assist. Results in table 3 above revealed that majority of the respondents who were 54.0% indicated that talking to trauma survivors (role models) about their traumatic experience is extremely influential. In addition the results revealed that 25.3% indicated that its helps slightly, 10.7% indicated that it does not help at all while only 10.7% indicated that it does not help at all. These findings agree with that of Folkman's (1984) who affirmed that talking to trauma survivors is one of the best strategies of managing trauma. This implies that most people who talk to trauma survivors get a lot of help to deal with traumatic experience.

#### **4.2.2.2 Talking to Peers/Workmates**

The respondents were asked to indicate whether talking to Peers/workmates about their traumatic experience assist. The results in table 3 showed that majority of the respondents who were 58.7% of the respondents indicated that talking to peers/work mates about their traumatic experience is

extremely influential. In addition 22.7% of the respondents indicated that talking to Peers/workmates about their traumatic experience helps somewhat, 12.7% indicated that helps somewhat while only 6.0% indicated that it does not help at all. These findings agree with that of Folkman's (1984) who concluded that talking to workmates is one of the most effective strategies in dealing with trauma. This implies that talking to peers and workmates is important in dealing with traumatic experience.

#### **4.2.2.3 Talking to Relatives/Spouse/Wife/Family**

The respondents were asked to indicate whether talking to Relatives/Spouse/Wife/Family about their traumatic experience assist. The results in table 3 revealed that 50.7% of the respondents indicated that talking to relatives/spouse/wife/family/about their traumatic experience is extremely influential. In addition 16.7% of the respondents indicated that talking to relatives/spouse/ wife/family/about their traumatic experience does not help at all, 20.0% of the respondents indicated that it helps somewhat while only 12.7% indicated that it helps slightly. The findings agree with that of Folkman's (1984) who highlighted that talking to relatives about traumatic experiences as one of the strategy that helps to deal with trauma. This implies that talking to Relatives/Spouse/Wife/Family is very important in dealing with traumatic experiences.

#### **4.2.2.4 Talking to Media Manager**

The respondents were asked to indicate whether talking to media manager about their traumatic experience assist. The results in table 3 showed that 58.0% of the respondents indicated that talking to their media manager about their traumatic experience is extremely influential. In addition the results revealed that 18.7% indicted that talking to media manager about their traumatic experience is helps slightly, 17.3% indicated that it helps somewhat while only 6.0% indicated that it does not help at all. These findings were consistent with that of Pennebaker (1997) who found that talking to managers is very important and it helps to reduce traumatic experiences. This implies that talking to media manager helps a lot in dealing with traumatic experiences.

#### **4.2.2.5 Keeping Quiet**

The respondents were asked to indicate whether keeping quiet about their traumatic experience assist. The results in table 3 revealed that 58.1% of the respondents indicated that talking about their traumatic experience is extremely influential. In addition 27.8% of the respondents indicated that talking about their traumatic experience helps somewhat, 15.7% indicated that it helps slightly while only 8.10% of the respondents indicated that it helps somewhat. These findings were consistent with that of Pennebaker (1997) who found that not talking about painful or traumatic experiences consistently slowed the healing process and can cause health problems because it requires significant work to keep from talking about things that need to be expressed. This implies that keeping quiet about traumatic experience does not help at all.

On a four point scale, the average mean of the responses was 3.52 which means that majority of the respondents were indicated slightly; however the answers were varied as shown by a standard deviation of 1.03

#### 4.2.3 Talking Cure Therapy

The media managers were asked to indicate whether they provide talking platforms for the journalists to talk about their experiences and whether it helps them. The results indicated that most media houses provide talking platforms for the journalists to talk about their experiences and this helps them to relieve stress. These findings were consistent with that of Pennebaker(1997) who found that not talking about painful or traumatic experiences consistently slowed the healing process and can cause health problems because it requires significant work to keep from talking about things that need to be expressed. The following were the responses:

- NTV                    ‘Yes. It helps them ease out’  
 CITIZEN            ‘Yes.help them by sharing’  
                           KISS                    ‘Yes. Relieve external pressure’  
                           KTN                    ‘Yes. Stress Relieve’  
                           K24                    ‘Yes. Stress Relieve’

#### 4.3 Correlation between Talking Cure Therapy and Effective Trauma Management

**Table 4: Correlation Analysis**

		<b>talking cure therapy</b>	<b>Short term</b>	<b>Interme diate</b>	<b>Long term</b>	<b>Overall Trauma</b>
<b>talking cure therapy</b>	Pearson Correlation	1.000				
	Sig. (2-tailed)					
<b>Short term</b>	Pearson Correlation	-.258*	1.000			
	Sig. (2-tailed)	<b>0.025</b>				
<b>Intermediate</b>	Pearson Correlation	-.247*	.277*	1.000		
	Sig. (2-tailed)	<b>0.033</b>	0.015			
<b>Long term</b>	Pearson Correlation	-.310**	.467**	.609**		
	Sig. (2-tailed)	<b>0.007</b>	0	0		
<b>Overall trauma</b>	Pearson Correlation	-.600*	.750**	0.14	0.185	1.000
	Sig. (2-tailed)	<b>0.004</b>	0	0.232	0.111	

\* Correlation is significant at the 0.05 level (2-tailed).  
 \*\* Correlation is significant at the 0.01 level (2-tailed).



The results in table 4 revealed that taking cure therapy and short term experiences are significant related ( $p=0.025$ ). These findings agreed with that of Pennebaker and Seagal (1999) who found that talking cure holds special significance for journalists. This implies that talking cure therapy is associated with lower short term trauma experiences and hence effective trauma management. The table further indicated that talking cure therapy and intermediate experiences are significantly related ( $p=0.033$ ). These findings agreed with that of Pennebaker and Seagal (1999) who found that talking cure holds special significance for journalists. This implies that talking cure therapy is associated with lower intermediate term trauma experiences and hence effective trauma management. It was further established that debriefing and long term experiences were significantly related ( $p=0.004$ ). These findings agreed with that of Pennebaker and Seagal (1999) who found that talking cure holds special significance for journalists. This implies that debriefing practices are associated with lower long term trauma experiences and hence effective trauma management. Overall correlation results indicated that talking cure therapy is significantly associated with overall trauma. This implies that talking cure therapy are associated with reduced trauma and hence effective trauma management. These findings also agree with that of Norman, Elbogen, and Schnurr (2014) who found that by talking about your trauma repeatedly with a therapist one is able to reduce trauma.

#### 4.4 Regression between Talking Cure Therapy and Effective Trauma Management

**Table 5: Model Fitness**

R	R Square	Adjusted R Square	Std. Error of the Estimate
-0.60	0.36	0.35	0.29465

The results presented in table 5 present the fitness of model used of the regression model in explaining the study phenomena. The results revealed that the goodness of fit of the model was satisfactory. This is supported by coefficient of determination also known as the R square of 36.0%. This means that talking cure therapy explain 36.0% of the effective trauma management

**Table 6: Analysis of Variance**

	Sum of Squares	df	Mean Square	F	Sig.
Regression	0.445	1	0.445	5.124	.004
Residual	6.342	73	0.087		
Total	6.787	74			

Table 6 provides the results on the analysis of the variance (ANOVA). The results indicate that the overall model was statistically significant as supported by a p value of 0.004 which is lesser

than the critical p value of 0.05. The  $F_{cal}=5.124 > F_{critical}=2.4599$  at  $\alpha 0.05$  which imply that talking cure therapy are good predictor of the effective trauma management.

**Table 7: Regression of Coefficients**

	<b>B</b>	<b>Std. Error</b>	<b>t</b>	<b>Sig.</b>
(Constant)	0.159	0.117	1.358	0.179
Average Talking cure therapy	-0.600	0.047	12.765	<b>0.027</b>

Regression of coefficients results in table 7 shows that is a significant relationship between talking cure therapy and effective trauma management as supported by beta coefficient of 0.600. These findings also agree with that of Norman, Elbogen, and Schnurr (2014) who found that by talking about your trauma repeatedly with a therapist one is able to reduce trauma. This was also supported by the t values whereby  $t_{cal}=12.165 > t_{critical}=1.96$  at 95 percent confidence level which depicts that we reject the null hypothesis and accept the alternative. This implies that improvement in talking cure therapy would lead to effective trauma management by 0.600 units.

## 5.0 CONCLUSIONS AND RECOMENDATIONS

### 5.1 Conclusion

Based on the study findings the study concluded that talking cure therapy is a good strategy of dealing with trauma among journalists. This is because not talking about painful or traumatic experiences consistently slows the healing process and can cause health problems because it requires significant work to keep from talking about things that need to be expressed.

### 5.2 Recommendations

Based on the study findings the study recommends that journalist should talk about their traumatic experiences. This will help them in dealing with trauma. In addition media houses should look for talking platforms for journalists to talk about their traumatic experiences.

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