

PSYCHOLOGICAL REACTIONS TO TRAUMATIC EVENTS

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1 Introduction

Traumatic events or crises have several common characteristics. They hurt physically, emotionally and spiritually; they are hard to predict with any accuracy; they exceed rescue resources, etc. Experiencing unexpected, unwanted and unpleasant events is a significant part of life. Cultural and historical traditions and circumstances have a great influence on interpretations of events and coping strategies, but basic reactions and needs in crisis situations seem to be similar in most cultural settings. For example, nine-year-old girls from a stable western society and in a war zone can both be deeply traumatized: the first because she is bullied by peers and the latter because she has lost her family members in the conflict. The situations are different, but the feelings of both girls can be very similar: sorrow, insecurity, not understanding the reasons why events happen, anger, fear, etc. Effective coping with crisis situations on a larger scale can not be planned without understanding both the common human reactions and the cultural background.

In the 20th century, crisis psychology acquired its shape due mainly to the general development of psychology, but also to numerous conflicts and especially World Wars I and II. The military psychology that sometimes set very practical goals like how to get injured soldiers rapidly back to the front-line in good physical shape and spirit, developed in parallel with more civil branches of psychology that struggled to explain people's reactions to violent events. In the 1960s and 1970s major efforts were made in England and USA to provide help to people who had suffered some kind of traumatic event. At the

same time, especially in the Nordic countries, the psychodynamic school of crisis psychology developed. By the end of the 1980s, there was a significant quantity of case studies and theories about the crisis reactions of both victims and emergency service officials (e.g. firemen, paramedics, police officers), which enabled the creation of the theoretical foundation for developing an adequate psychosocial support system. However, crisiscommunication and the media are often neglected aspects in research and the crisis reactions of journalists continue to be poorly described.

During the last 30 years several aspects of crisis intervention have developed dramatically: crisis communication, the socio-psychological support system (both professional and semi-professional), the material basis and technology, etc. However, despite the general conclusion of crisis psychologists that crisis reaction is a person's normal response to a reality that turns toward the abnormal, emotional reactions to a traumatic event continue on many levels to be described as either abnormal or as a disorder. For example, the International Classification of Diseases (World Health Organisation 1990) numbers acute stress disorder and post-traumatic stress disorder among the diagnoses (classifications F43 and F44 respectively). In journalism, on a daily basis reactions that are considered to be normal in the framework of crisis psychology, are presented as unusual or abnormal.

This paper provides an overview of an individual's possible psychological reactions to unwished for powerful events. The work of Gerald Caplan, Johan Cullberg, Atle Dyregrov and others are drawn on to provide a theoretical basis for viewing the human response to powerful events as a **process**, not just as a set of symptoms or as a sign of weakness. The paper focuses on the individual's reactions (as opposed to group reactions) to traumatic events, despite that person's role in the crisis (victim, response official, eye-witness, etc). The paper offers some conclusions that might help in different stages of crisis communication. The paper also concentrates on key periods following the onset of a traumatic event when emergency crisis communication is at its most crucial: (i) warning, (ii) initial crisis response and (iii) immediate post-initial crisis response.

The citations used in this paper are taken from the interviews conducted by Katariina Krjutškova for her bachelor's thesis, submitted in 2009. She conducted retrospective interviews with three TV journalists from the Estonian television channel ETV2, which covered violent public demonstrations in Tallinn in April 2007. These demonstrations were the response of part of the Russian-speaking population to the Estonian government's decision to move the monument commemorating fallen Soviet soldiers from the centre of Tallinn to the military cemetery. The demonstration culminated in public violence and hooliganism in Tallinn. The interviewees were the only TV journalists who covered the demonstration directly from its midst; their health and lives were in immediate danger for a period of several hours. They reported the events live and interviewed representatives of both sides, demonstrators and supporters of the government. In their retrospective interviews journalists recall their reactions, feelings and thoughts during the event.

This paper also briefly discusses how an emergency situation can traumatize journalists and communication officers, and consequently affect their performance of their jobs.

2 Phases of crises

2.1 Warning

*“People never believe that something like that could happen. But it did.”
(Interview with a TV journalist a year after he covered a violent public riot in Tallinn; Krjutškova 2009:40)*

Traumatic events often occur unexpectedly (Cullberg, 1975:139). Some traumatic events are sufficiently predictable to allow a period of time for warnings and preliminary measures that may help minimise the damage. Janoff-Bulman (1992) wrote about false assumptions of safety or basic beliefs that nothing bad will happen in the near future. These beliefs are crucial to enable us to have a peaceful daily life and normal development; but in situations when serious danger threatens strong illusions of safety can block our perception of warnings. Danger factors are often minimised or overlooked even when the possible danger is seen at first hand because the viewer interprets unusual signs as signs of something familiar and safe (Shippee et al, 1980; Giel 1990). In the event of nothing happening, the critical moment can be forgotten easily and life goes on at its normal pace.

The ways people interpret and react to warnings depends on how much they trust the source; informal and personal sources are often trusted more than the media, but there are broad contrasts between media channels in different cultural contexts as well (Dyregrov, 1993).

The proximity time of a warning to a crisis event can influence its effectiveness. If a warning is given too early or repeated too many times, it will probably be overlooked whereas a warning that is given too late may lead to irrational behaviour or panic (Dyregrov 1993). Finding the right moment for sounding a warning in time is difficult, because the officials usually do not have all the information they need.

False assumptions of safety are common for civilians who live in fairly peaceful circumstances. However, Dyregrov (1993) suggests that even the fire-fighters and police officers who deal with serious situations on a daily basis, often believe that this will not hurt me, I'll be safe, I cannot be harmed. Nevertheless, having beliefs like this is essential to bear the stress of being ready for real crisis situations on a daily basis.

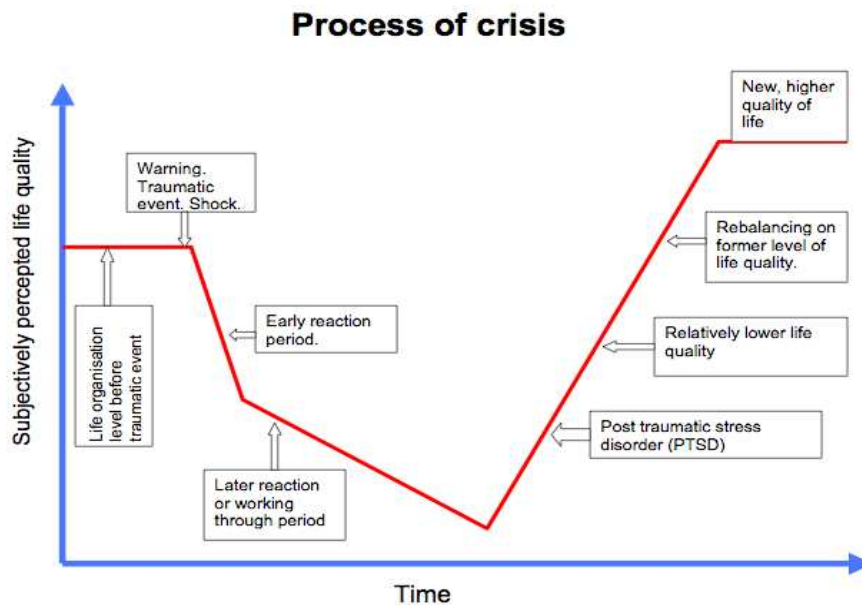


FIGURE 1 Psychological crisis after a traumatic event: the process of coping (based on G. Caplan, 1964, modified by K. Ugur)

2.2 Shock

“And as I have said repeatedly, I did not think anything. And I don’t believe my operator was thinking. We just had to do it. It was a job like any other for us.”
(Interview with TV journalist a year after he covered a violent public riot in Tallinn; Krjutškova 2009)

The word shock is used to describe the first reactions of human beings to unpleasant messages. The moment when the false assumption of safety wears out and the psychological reaction to traumatic events begins is difficult to define. This brief period of time is only available to research after the crisis event has ended when real memories are blurred with later sensations, emotions, assumptions and memories of others, all of which are usually very intense. We can use the descriptions of the first moments of traumatic events as research material, so long as we keep in mind that some details of the descriptions may have been altered, e.g. preserving self image, implanted memories, information gaps filled with fantasies etc.

The basic reactions to the traumatic event are quite similar for everybody: changes in perception of time and space, loss of emotions, changes in activity level, different body reactions, etc. (Cullberg, 1975, pp. 171–172). Even if the reasons for reactions are be different for victims, witnesses and rescuers, the

reactions themselves may be similar. The perception of time, when a person is in a state of shock, changes from shortening (passing by quickly) to being stretched and endless (passing slowly). These phenomena can switch instantly and many times before an individual returns to their normal perception of time. For example, firemen can have the subjective feeling while going to the scene of the event that their vehicle is moving very slowly, and that time is stretched – they are losing precious time. When they arrive at the location and see what needs to be done, they might feel the opposite: time runs too fast, they do not have enough time for saving or rescuing victims. Figure 2 explains the reasons of altered time perceptions in different groups.

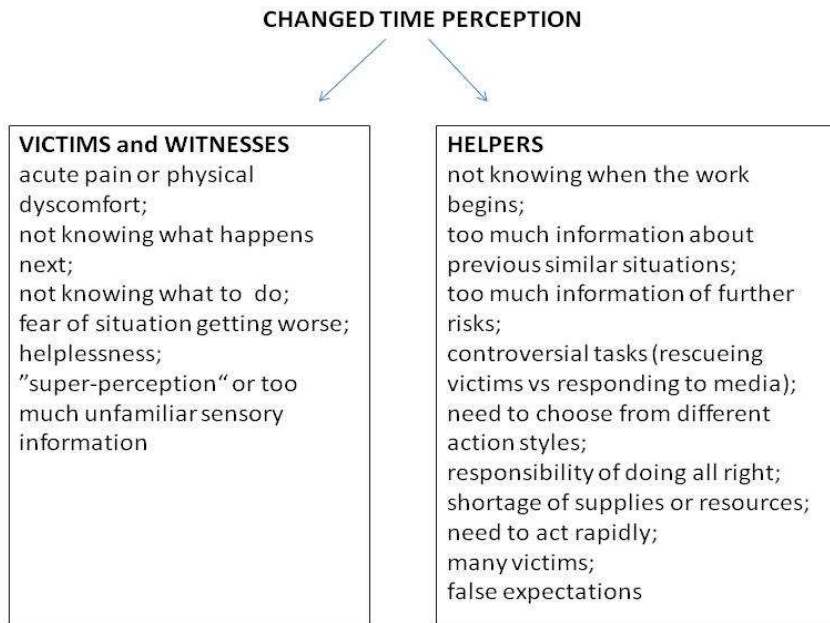


FIGURE 2 Reasons of changed time perception in different groups.

Individuals in a state of shock usually do not have any emotions. The onset of shock is a buffer time zone, during which the individual could escape the danger or to take the first measures to minimize the damage. Individuals, in the initial period of shock, as Cullberg (1975) explains, act without thinking or considering the results of their actions and may be capable of acting in very unusual ways: running fast, lifting heavy objects, being extremely resourceful in rescuing themselves and others without previous training, etc. On the other hand, an individual's behavioural activity level may drop almost to zero: remaining motionless, ignoring all commands and even their own perceptions of reality. Extreme cases of changing behavioural activity are panic (acting in a way causing additional risks for self and others) or stupor (a paralysis-like state, in which an individual is unable to act despite the desire to do so).

False assumptions of safety are influential even after a traumatic event, occurring as the most usual reaction of not believing the facts – "This cannot be

true". Usually additional information breaks the disbelief, but in some cases an individual tends to act as if nothing happened in order to maintain the previous *status quo*. For instance, a wife irons shirts for a dead husband, a child continues to swim in the river after witnessing a playmate drowning, a homeowner continues to store onions in the cellar after getting a flood warning, etc. A sensation of watching a film or of dreaming is quite frequent.

"Well, yes, in the beginning it felt as if we staged it all by ourselves. Like, it can't be happening. But it was unbelievable, that you can see something like this in our city."

(Interview with TV journalist a year after he covered a violent public riot in Tallinn; Krjutškova 2009:40)

Somatic reactions occurring in a state of shock form a large subject in themselves. Bodily reactions such as activation of the parasympathetic nervous system, a burst of hormones, a rise in blood pressure, losing consciousness, involuntary vomiting or urinating, etc. are in most cases uncontrollable and considered to be normal. Since external factors barely influence them, this paper will not discuss this topic more widely.

3 Early reaction period

"On the second day, when it got even worse, then all these emotions and feelings hit me. I did not go out on the second day."

(Interview with TV journalist a year after he covered a violent public riot in Tallinn; Krjutškova 2009:42)

The state of shock usually lasts from several seconds up to minutes. During this much needed "buffer time", an individual can collect their strength and prepare for action. The shock is over when the first emotions arrive: fear, anger, or sadness, or even more often a mixture of all of them. In this state of emotional chaos information becomes crucial, since it helps to get back the feeling of **control** that usually is lost in the state of shock. Information is needed for questions like: What has happened? How did it happen? and Why? Gaps between reliable facts are filled with fantasy. The picture of the event may change rapidly, depending of what new facts occur or what new ways the individual finds to combine the existing facts. Victims and witnesses rarely have the whole picture of a traumatic event, and some information gaps remain for years, especially concerning the reasons for a traumatic event. Professional helpers are usually trained to act effectively during the early reaction period, even if the resources are limited. Despite special training, the early reaction period affects professionals deeply, and an adequate debriefing service is needed in order to maintain their ability to continue in their work (e.g. see Dyregrov 1994, Paton 1990).

For communication workers the most dangerous element of the early reaction period is a mixture of facts and fantasy. In a situation, where everybody is lacking information there is great pressure for getting information before anyone else and delivering it quickly. Even if the communication officer or journalist is aware of the danger of mixing reality with fantasy, it may be difficult to separate them.

For victims, who mostly are dealing with just one traumatic event, the length of the early reaction period is usually from four to eight weeks, and is the most painful part of the crisis process. For emergency service officers and helpers who deal with one critical event after another there is no possibility to 'work through' all the emotions and experiences connected with each event. This causes more severe symptoms in the later reaction period, which can be so severe that individuals can suffer from professional burn out or post-traumatic stress disorder.

4 Later reaction period

This period of crisis process is hard to measure, since it may last months or even years, and can lead to significant changes in individual's view of life and coping strategies. Severe fatigue from constant thinking and rethinking about the traumatic event can lead to health or drug problems and may influence significant relationships. For professionals, who often are under the pressure to be mentally and physically fit for the next traumatic event there is a risk of some after-effects: difficulties to return to daily work and sharing details of traumatic experiences, repeated flashbacks of what happened, depression, feeling of loss, sleeping disorders, difficulties to concentrate, fatigue, aggressiveness, guilt, changes in values, relationship problems in personal life etc.

These after-effects are difficult to deal with, and over time the traumatic experiences accumulate. Irrespective of how highly qualified professionals are, the most effective way to avoid unpleasant reactions in the late reaction period is psychological debriefing during the 24–72 hour period after the traumatic event.

5 Crisis reaction of journalists and communication officers

There have been times in the history of crisis theory when training or experience was believed to help to prevent unwanted post-event reactions to a crisis situation. In the 1960s–1980s, the crisis reactions of professional helpers were carefully studied. As the findings indicated, professional helpers have the same kind of reactions as victims or witnesses with some differences in timing

and in the reasons for the reactions. There is no evidence of significantly different reactions among journalists and communication officers, but journalists are mostly left to cope alone with their reactions. This often leads to denial of traumatic reactions and severe signs of post-traumatic stress disorder (PTSD), which can affect an individual's professional performance. Table 3 indicates the influence of some crisis reactions and their effect on the work of journalists and communication officers. Also suggestions are given for ensuring the quality of work tasks.

As recent research indicates (Krjutškova 2009; Sõrmus 2009; Otkova 2009), journalists and communication officers in Estonia are aware of the psychical reactions connected with traumatic events. However, there is no existing support system for journalists and communication officials. This may not effect in any way how the communication is carried out at the next critical situation, but may have influence on the longer term, if the burn-out process or post-traumatic stress disorder takes over.

TABLE 3 Crisis reactions and their possible influence upon a journalist's professional efficiency

	Type of the reaction	Possible influence	Suggestions
1	False assumption of safety (before accident)	Signs of accident are denied or interpreted as signs of something normal. Warnings are postponed or presented as a joke.	Possibility for quick consultations with colleagues; trusted warning sign system that demands certain kind of actions.
2	Changed perception of time (state of shock)	Disfigured understanding of situation, causes and results will be delivered to the audience.	Conscious checking and re-checking of timeline of actions before publishing.
3	Changed activity level (shock)	Too much or too little information will be delivered.	Cooperation instead of individual responsibility.
4	Filling information gaps with fantasy (early reaction period)	Mediating or suggesting causes of events; using linguistic constructions that confuse facts and fantasy.	Awareness of tendency to fill gaps with fantasy; routine double checking information; marking missing information without own suggestions (saying "I don't know it yet.")
5	Mixed emotions (early reaction period)	Concentrating on emotions instead of facts; seeking for scapegoats to blame; dividing people involved as 'good' and 'bad'	Finding a safe environment and the time for dealing with own emotions; conscious dealing with emotions and not avoiding them. Psychological debriefing after traumatic events.
6	Fatigue (late reaction period)	Apathy, neglecting some information; using routine sources; avoiding some themes; numbness; substance abuse.	Adequate rest; dealing with own reactions in safe surrounding (crisis counselling).
7	Hyperarousal - post-traumatic stress disorder (PTSD)	Overreacting to small signs of danger; mediating panic and fear.	Long lasting professional help; changes in workplace.

6 Conclusions

The purpose of this paper was to provide an overview of civilians' and response officials' psychological reactions to unexpected, uncertain and tragic events. Such reactions are not separate symptoms, but are part of a process starting in the shock phase and continuing until the late reaction phase. Both victims and helpers can suffer from similar symptoms, such as changes in the perception of time and space, loss of emotions, changes in activity level, and different bodily reactions. It is important that not only emergency service personnel but also communication officers and journalists receive training and debriefing. Otherwise the experience of a crisis situation can lead to post-traumatic disorder, which affects everyday life.

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