

Voices of the vulnerable

Broadcaster, journalist and psychology student **Sian Williams** reports from the frontline on the responsibilities of broadcasters towards those they interview

Three years ago I interviewed PC David Rathband, who as an unarmed policeman sitting in his car had been shot and wounded by the gunman Raoul Moat. He was blinded permanently by the attack and some of the shotgun pellets were still embedded in his face. He wanted to talk about what had happened to him, to raise awareness and funds for a charity he'd set up for other injured officers, called the Blue Lamp Foundation. He was in training for the London Marathon and doing endless runs tethered to a sighted police colleague; but when he ran, he did so in darkness and he loathed it. Raoul Moat, David said, was constantly on his shoulder, no matter how far he went and how hard he pushed himself. During the hour-long interview, David talked about his visions and nightmares. How the picture inside his head was relentlessly dark and ugly. How he felt less of a father and husband because he could do nothing for himself. How his police uniform was hanging in his wardrobe, yet he didn't know how and when he could put it on again.

It was an emotional interview, David cried and often reached for my hand. He couldn't see my producer and he wasn't aware of the microphone, all he could hear was my voice. I asked whether he was comfortable that such an intimate and personal conversation was going to be edited to less than a quarter of its length, and broadcast on Radio 4 to more than two million people. He said yes, he wanted his story heard, however

uncomfortable it felt.

So, the interview was broadcast, won plaudits and was listed among the best ever broadcast interviews by the *Radio Times*. Less than a year later PC David Rathband killed himself.

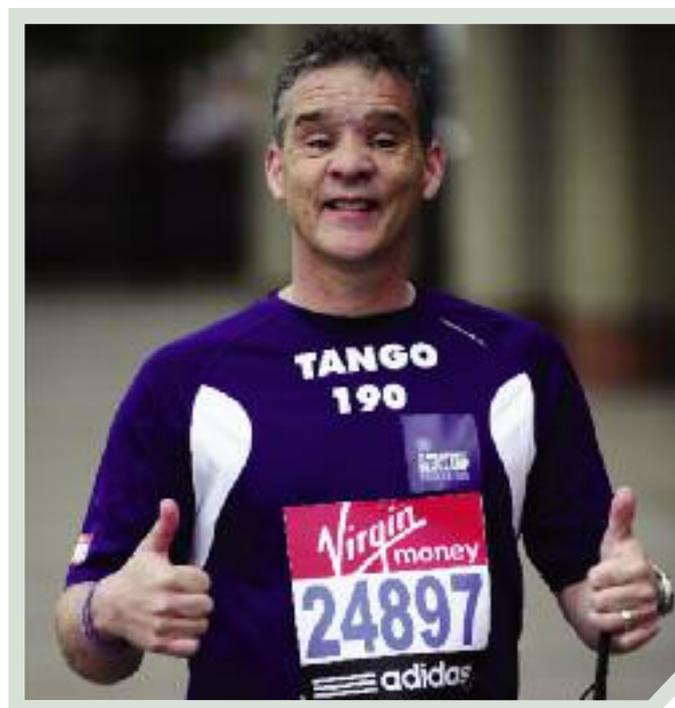
Opening the 'sluice gates'

The brilliant US broadcaster Studs Terkel says the job of a radio interviewer is to mine for the 'precious metal' in an individual, and that questioning should take the form of a casual conversation, but one in which 'in time, the sluice gates of damned up hurts and dreams (are) open'. The motive is to provide an entertaining, informative broadcast, revealing the life experience of others, so the audience can better understand what lies behind those 'hurts and dreams'.

But the mining process sometimes

leads journalists like me, to ask questions of our role and responsibilities in interviewing those who are defined, in 2011 guidelines published by Ofcom, the broadcasting watchdog, as 'vulnerable people...those with learning difficulties... mental health problems...the bereaved... people who have been traumatized or who are sick or terminally ill'.

Both Ofcom and current BBC editorial guidelines stress the importance of providing 'a voice to people confronting complex challenges'. They warn against using discriminatory language and urge careful reporting of suicide. However, much of the news media tends to focus on whether the contributor is well



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enough to give informed consent. What constitutes 'informed consent' in the context of someone who has experienced severe trauma, or who has a complex mental health problem, is not, I'd argue, a question asked by every news journalist, who are sent out to report on a breaking story and quickly gather the thoughts of those involved.

Interviewing objectives

In nearly 30 years at the BBC, I've interviewed many people at violent or traumatic events, from the Hillsborough Stadium disaster, to the Paddington rail

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crash, to the Asian tsunami and the Pakistan earthquake. My role involves getting something on-air fast, and that often entails talking to people who are still in shock. In longer, recorded interviews in a studio context, there is more time to discuss what to ask and how to ask it with the editorial team. There's also the chance to conduct relevant research. However, the objective is the same – to get an interview that will make the audience think.

In semi-structured interviews conducted in a psychological setting, researchers collect information and interviewees are often seen as 'passive vessels of answers...repositories of facts, reflections, opinions' (Holstein & Gubrium, 1997). The power in the dyad in a broadcast interview, as in a psychological one, is with the person asking the questions, but the journalist is often not trained to talk to those who are vulnerable and is rarely covered by a professional ethics code. Also the giving of help is not the purpose of the interview. As Oakley (1993) remarked: 'What is good for the interviewer is not necessarily good for interviewees.'

Jack Douglas's 1985 book *Creative Interviewing* suggests using 'strategies and tactics', based on 'friendly feelings and intimacy', to optimise 'cooperative, mutual disclosure'. However, any disclosure in, or before, a broadcast interview is usually neither mutual nor cooperative. The broadcaster's objective is not to offer advice, but to produce an informative, entertaining interview. False intimacy may be encouraged by the interviewer asking casual as well as directed questions, disclosing just enough of themselves to gain trust, and thus provide stimulating radio or television.

The broadcast environment, familiar to the interviewer yet unfamiliar to the interviewee, further strengthens the asymmetry. The control lies with the broadcaster; an interview can be cut from an hour to 10 minutes, with unpalatable or controversial aspects removed, to 'protect' the interviewee from adverse reactions from the listener, or to shield the audience from unacceptable language or behaviour. If a taped interview is changed, drastically shortened, or dropped altogether, this may heighten an already vulnerable person's anxiety through 'confirmation bias' – the human tendency to focus on evidence that supports existing beliefs. One broadcast journalist told me of a recorded interview with someone recovering from a brain injury, which was removed from the programme at the last minute. His clinical

psychologist contacted the team afterwards to say that removing the item without warning had caused him distress.

Those with a mental health problem may also believe themselves to be of lower status, may worry about being judged and could struggle to perform well in an interview context. Their story could



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be reshaped or their contribution dropped altogether, potentially affecting how they see themselves.

The power and the story

The media typically use medicalised language, reducing an interviewee to a condition or problem. Words like 'schizophrenic' or 'depressive' can create stereotypes and schemas, which, when activated and left unchecked, can create discrimination or prejudice.

When the charity, Mind, conducted a survey in 2000 into how people with mental health problems thought they were viewed by society, half of the respondents pointed to media coverage as having a negative effect on their mental health. In their submission to the Leveson Inquiry into the Culture, Practice and Ethics of the Press, the Mind and Rethink Mental Illness charities suggested that prejudice develops because of the language used in the media, especially in print. People with mental health issues are sometimes described as a victim, or dangerous, with descriptive words used like 'psycho' or 'crazed killer'. Mind calls this the creation of 'the dangerousness myth', pointing to research suggesting someone with a mental health problem is actually more likely to be a victim than a perpetrator of crime (e.g. Teplin, 2005).

Even though studies highlight print media as being most responsible for creating the 'dangerousness myth', other media can perpetuate it. In a 2011 survey for Mind, only a third of over two thousand adults with a previous or existing mental health problem said they thought the media as a whole portrayed mental health in a sensitive way.

In 1954 Gordon Allport suggested four factors to help reduce prejudice: equal status, common goals, intergroup cooperation and support of authorities. A recent meta-analysis (Evans-Lacko et al., 2012) showed that if there is social contact that meets all of Allport's conditions, it could help reduce stigma

and discrimination. Knowing or meeting someone with a mental illness is a powerful way to improve attitudes and behaviours.

In Australia charities and organisations that promote mental health are using the 'social contact' findings to try to bring about attitudinal change towards people with mental health problems, through the media. Journalists and

broadcasters have been invited to meet psychiatrists and people with mental health problems, with accompanying educational programmes and joint team projects. Research and subsequent guidelines on suicide and mental illness received national funding from June 2002, with briefings and the distribution of books, quick reference cards and CD-ROMs to media organisations. A study into the effectiveness of this strategy found most respondents reported that there had been organisational change in attitudes towards mental health, with 'improved attitudes and confidence among staff about reporting suicide and mental illness and their improved awareness of the key issues to consider' (Skehan et al., 2006).

Protecting the vulnerable

The value of giving the vulnerable a voice is clear. It enables people who are not normally heard on mainstream media, a chance to explain a lived experience, and challenge stereotype and stigma, if done with careful attention to the issues and language. Personal and emotive testimony is a powerful way of engaging an audience and encouraging them to think differently. What broadcasters need to be aware of, is how to use that power carefully.

In the UK, there have been improvements in the way much of the media covers mental health issues over the past few years, with many sensitive documentaries and news articles. Guidelines for broadcasters on reporting mental health and suicide were published in 2008 by the Department of Health in the form of a media handbook called

'What's the Story?'. It urged journalists to report fairly and accurately, to use quotes from people with mental health issues and to give out numbers of helplines like the Samaritans. The journalists' union, the NUJ, has issued something similar. However, much more can be done.

Broadcast organisations would do well to create their own training schemes and provide instant resources. Guidelines for news reporters and producers could emphasise the importance of the use of language in mental health issues, including suggestions on how to help the participant create and shape the interview and information on the potential pitfalls, arising from the editing process. Recently, the BBC agreed to make a video for its training website, highlighting the most common errors. I'd urge media companies to do similar and go further. Increased education and scientific literacy, with training in mental health matters and instant access to the tools and resources needed to understand problems and conditions, can reduce stigma, as the Australian model shows.

The interviewer could discuss the structure and tone of the conversation with the interviewee before the recording, to clarify how best to allow them to tell their experience. Transparency is vital if the interviewee is to feel comfortable and represent themselves as effectively as possible.

During the research process, broadcasters could speak to charities that represent those considered vulnerable; to make sure the right language is used.

In its 2013 guidelines for documentary producers, Mind suggests meeting mental health groups, listening to different voices and reading blogs by those with mental health problems. Mind also recommends giving the contributor clear ideas of question areas, reminding them they can withdraw at any time, telling them honestly about the editing process, and, if their contribution is dropped, explaining why.

Even if guidance has been given, training taken and all ethical practises considered, there's another vulnerable voice that many journalists need to consider and protect – their own. Sometimes, news crew run to a story with a tape recorder or camera, but are ill prepared for what they experience when they arrive. Whether it's a war zone, disaster area or reporting from a court case with graphic and upsetting evidence,

Journalists' checklist

- | Can the guest give informed consent and do they fully understand the interview process?
- | Is their support team aware of their contribution?
- | Have you contacted charities or organisations to get help and information about the issue under discussion?
- | Have you asked the guest what they would like or expect from the interview?
- | Have you reassured them about content, duration and publication date?
- | Have you ensured they are seen as a person, not a diagnosis?
- | Are you using the right language and terminology?
- | Should you provide a helpline number after the interview?
- | Have you considered your own mental health, and sought support if necessary?

the adrenalin and the pressure of a deadline kick in and any uncomfortable thoughts are pushed to the back of the mind to be dealt with later, if at all.

Vulnerability on both sides

After a week reporting from Pakistan from the epicentre of the earthquake in 2005, I remember returning to a comfortable hotel in Islamabad, taking off my boots and frantically scrubbing them, again and again. Even when the detritus had gone, I kept washing them. When I returned home to the warmth of my family, images of devastation and decay, the cries of distress and the sickly smell of disease and death lingered.

As always, news crew are witnesses to horrors others live through. We can leave, they can't. The suffering of those left behind in such events is immeasurably worse than anything reporters can experience, so it feels self-indulgent to acknowledge any difficult emotions. Yet sometimes, you just can't shake them off.

Various research findings suggest that post-traumatic stress disorder symptoms in reporters covering traumatic events range from around 6 per cent to 28 per cent, with war correspondents experiencing levels similar to combat veterans.

Despite that, some news crew still believe it's a sign of weakness to seek



BBC Photo Library

help, that there's a stigma attached to admitting distress. But that attitude may be changing. Broadcast organisations have begun to develop peer support trauma networks – I'm one of a team trained to assess colleagues who have returned from difficult and challenging environments. Other resources, like those offered by the DART Center for Journalism and Trauma (see www.dartcenter.org), provide guidance on how news crew can report on trauma responsibly, while also protecting their own mental health.

The challenge is getting that awareness directly into newsrooms and embedding it into the culture. Journalists need to feel they have the skills and training to fairly represent those caught up in challenging events, or those who are experiencing mental health issues, while also feeling confident that they have the understanding and resilience to protect themselves. Perhaps there will always be a conflict between the needs of the broadcaster and those caught up in the news, but the media can be better prepared to make it a rewarding experience for both, and an enlightening and engaging one for the audience.

| Sian will be speaking at the Society's Annual Conference gala dinner, at the Crowne Plaza Hotel in Birmingham, on 8 May. To book, see www.bps.org.uk/ac2014

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