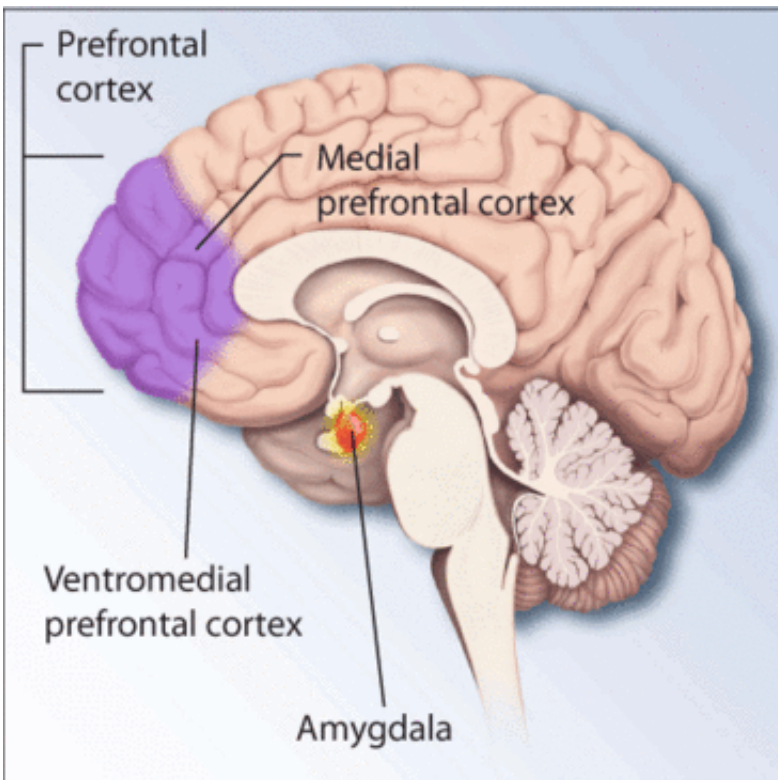


What the New York Times gets wrong about PTSD

May 19 2016, by Frank Otto



Regions of the brain associated with stress and posttraumatic stress disorder.
Credit: National Institutes of Health

Believe it or not, both the public and policy-makers often get their ideas from the media. When those ideas are formed about something as serious and impactful as posttraumatic stress disorder, it's important for the media to tell the story in the right way.

With that in mind, Drexel researchers examined how the country's most influential paper, the *New York Times*, portrayed [posttraumatic stress disorder](#) (PTSD) from the year it was first added to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (1980) to present day (2015).

"Mass media shape public awareness about [mental health issues](#) and affect mental illness problem recognition, management, and treatment-seeking by providing information about risk factors, symptoms, coping strategies, and [treatment options](#)," said Jonathan Purtle, DrPH, assistant professor in Drexel's Dornsife School of Public Health and the study's principle investigator. "Mass media also influence community attitudes about mental illness and educate policymakers about whether and how to address them."

Between 1980 and 2015, 871 news articles mentioned PTSD. In their *American Journal of Orthopsychiatry* paper, Purtle and his co-authors, Katherine Lynn and Marshal Malik, pointed out three specific issues in the Times' coverage that could have negative consequences.

- "New York Times portrayals of populations affected by PTSD do not reflect the epidemiology of the disorder."

The Drexel team found that 50.6 percent of the Times' articles focused on military cases of PTSD, including 63.5 percent of the articles published in the last 10 years.

In actuality, Purtle's past research showed that most PTSD cases are related to noncombat traumas in civilians. The number of civilians affected by PTSD is 13 times larger than the number of military personnel affected by the disorder.

Occurrences are also much more likely in those who survive non-combat

traumas, which include sexual assault (30-80 percent of survivors develop PTSD), nonsexual assault (23-39 percent develop it), disasters (30-40 percent) and car crashes (25-33 percent), among other causes. Veterans of the wars in Afghanistan and Iraq have just a 20 percent occurrence of PTSD.

However, coverage like that in the Times leads the general public to believe that a PTSD diagnosis requires some military component. And 91.4 percent of all legislative proposals involving PTSD between 1989 and 2009 focused only on military populations, with 81.7 percent focusing on combat as a cause (the next highest cause was sexual assault, at 5.5 percent).

- "PTSD was negatively framed in many articles."

Self-stigma attached to PTSD has been identified as a strong barrier to seeking treatment.

As such, with fewer and fewer articles over the years mentioning treatment options (decreasing from 19.4 percent of all PTSD-focused articles in 1980-1995 to just 5.7 percent in 2005-2015), it is particularly harmful when articles focused on negative portrayals of those with PTSD.

Purtle and his researchers found that 16.6 percent of the articles were about court cases in which the defendant potentially had PTSD, while 11.5 percent of other articles talked about substance abuse.

"These negative themes could create misconceptions that people who have PTSD are dangerous and discourage employers from hiring prospective employees with the disorder," Purtle said.

- "Most themes in the New York Times PTSD articles pertained to

proximal causes and consequences of the disorder."

Most articles in the study's 35-year focus centered on the traumatic exposure that led to PTSD, as well as the symptoms that result from the disorder. They rarely told stories of survivors and prevention.

Although nearly three quarters of articles mentioned a traumatic cause of PTSD, concepts such as risk/protective factors or prevention were barely mentioned. Risk/protective factors were only mentioned in 2.6 percent of articles and prevention was only mentioned in 2.5 percent.

Almost a third of the articles reviewed discussed some kind of symptom—nightmares (13.1 percent of the time), depression (12.3 percent) and flashbacks (11.7 percent) being most common.

"This narrow focus could inhibit awareness about PTSD resilience and recovery and constrain discourse about the social determinants of traumatic stress, which is needed to garner political support for policy interventions," the Drexel team wrote.

What Can Be Done?

Purtle, Lynn and Malik believe that broadening the discourse on PTSD can lead to better outcomes. Some ways that that can be achieved are focusing on survivor narratives that discussing resiliency and recovery, or talking about research that doesn't wholly focus on the military causes of the disorder.

Those interested in the study, "'Calculating the Toll of Trauma' in the Headlines: Portrayals of Posttraumatic Stress Disorder in the New York Times (1980–1915)," can follow the link [here](#).

Provided by Drexel University

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