

Relationship between Cognitive Emotion Regulation Strategies and Mental Health among Media Professionals in Conflict Zones

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Abstract

Background & Statement of the problem: According to UNESCO, the number of killed journalists has doubled in the last year compared to the previous year, and this clearly reflects the seriousness of their work and its impact on their physical and psychological health. This effect appears in their sleep pattern, concentration, mood, and so on.

Objectives: The aim of this study is to determine the relationship between cognitive emotion regulation strategies and mental health, among media professionals in conflict zones.

Methods: This study included 146 media professionals all participants were assessed using the Cognitive Emotion Regulation Questionnaire and the Symptom Checklist-90-Revised.

The average mean of (psychological symptoms) was calculated and was found to be 1.36 (SD = -0.167) and the means were 1.01 and 1.66 for (phobic anxiety) and (paranoid ideation) dimensions, respectively. Based on the cut-off point (1.33), most of the reported means were significantly above average, with a moderate level of psychological symptoms. The average mean was 3.39 (SD = 417) and the mean of (refocus on planning) was 2.7. As for the mean of (putting into perspective), it was 4.17. As per the cut-off point (1.33).

Results: All means were above average. Most of these symptoms were in the moderate levels, the rest were at mild levels.

Conclusions (Recommendations and contributions): There is a distinct relationship between cognitive emotional regulation strategies used by media professionals and the resulting psychological symptoms they demonstrate.

Key words

Anxiety, Cognitive emotion regulation, Depression, Media professional, Mental Health, Mental Illnesses.

العلاقة بين استراتيجيات التنظيم الانفعالي المعرفي وبين الصحة النفسية لدى الإعلاميين في مناطق النزاع

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الملخص

خلفية الدراسة ومشكلتها: بحسب اليونسكو فإن عدد القتلى من الصحفيين زاد للضعف في السنة الأخيرة عما قبلها، وهذا يعكس بوضوح مدى خطورة عملهم وأثره على صحتهم الجسدية والنفسية، ويظهر هذا التأثير في نمط نومهم، وتركيزهم، ومزاجهم وغير ذلك.

الأهداف: الهدف من هذه الدراسة هو تحديد العلاقة بين استراتيجيات التنظيم الانفعالي المعرفي وبين الصحة النفسية، لدى الإعلاميين في مناطق النزاع. **الطرق المستخدمة:** شملت هذه الدراسة 146 إعلامياً تم تقييم جميع المشاركين باستخدام استبانة التنظيم الانفعالي المعرفي وقائمة مراجعة الأعراض - 90 المنقحة. تم حساب متوسط جميع الأبعاد (الأعراض النفسية) ووجد أنه 1.36 ($SD = -0.167$) والمتوسط 1.01 و 1.66 للبعدين السابع (القلق الرهابي) والثامن (التفكير بجنون العظمة) على التوالي. وبناءً على نقطة القطع (1.33)، كانت معظم الأبعاد أعلى بكثير من المتوسط، مع مستوى معتدل من الأعراض النفسية (الجسدية، واضطراب الوسواس القهري، والحساسية الشخصية، والاكتئاب، والتفكير بجنون العظمة، وأعراض عامة أخرى). وكان متوسط جميع أبعاد التنظيم الانفعالي المعرفي 3.39 ($SD = 417$) وكان متوسط البعد التاسع (إعادة التركيز على التخطيط) 2.7. ومتوسط البعد الخامس (الوضع في الاعتبار) فكان 4.17. وفقاً لنقطة القطع (1.33)، وجميع الأبعاد أعلى من المتوسط.

النتائج: أظهرت النتائج أن معظم هذه الأعراض (لوم الذات، إلقاء اللوم على الآخرين، الاجترار، التهويل، القبول، وإعادة التركيز على التخطيط) في مستويات معتدلة، وباقي الأعراض كانت في مستويات معتدلة.

الاستنتاجات (التوصيات والمساهمة): هناك علاقة واضحة بين استراتيجيات التنظيم الانفعالي المعرفي المستخدمة من قبل الإعلاميين والأعراض النفسية الناتجة عنها.

الكلمات المفتاحية

اضطرابات نفسية، الإعلاميون، الاكتئاب، التنظيم الانفعالي المعرفي، الصحة النفسية، القلق.

Background

The circuit of emotional responses that drives the integrity of human emotions is comprised of three main components: behaviors, feelings, and physiological responses (Gross, 2021). Emotion regulation mechanisms are classified as conscious and unconscious and are used to control negative and positive emotions through increasing, decreasing, or maintaining such emotions (Parrott, 1993) (Cole, 1986) Studies showed that the process of emotional regulation can be achieved during one of the following stages: (a) selection of the situation, (b) modification of the situation, (c) attentional deployment, (d) cognitive changes, and (e) modulation of the cognitive, physiological, and behavioral responses (Garnefski et al., 2001). Such psychological, emotional, and cognitive responses might interfere with human conducts resulting in deterioration in mental wellbeing and lower levels of productivity (Gross et al., 2019). Media professionals, a particular group exposed to higher levels of stress, appear to be mentally and physically affected by the threats they are subjected to (Aoki et al., 2013). They are vulnerable to various forms of emotional dysregulations. Media professionals experience more stressful events than normal individuals, specifically in conflict zones. Naturally, media professionals assume major roles during natural and man-made events, such as wars, political conflicts, earthquakes, terrorism, and criminal acts, which compromise their mental wellbeing and make them more liable to develop mental health problems, such as post-traumatic stress disorder (PTSD), later in life (Garnefski and Kraaij, 2006).

The importance of press coverage of armed conflicts cannot be overstated. By gathering and disseminating reliable information about armed conflicts, journalists carry out a crucial mission of public interest. It is often thanks to journalists that serious human rights violations, war crimes, and other atrocities are brought to the attention of the public and of decision makers. By going where others do not go, by interviewing people, verifying facts, getting the news out, they lay out the situation before our eyes.

Sometimes journalists covering conflicts have also helped courts obtain crucial evidence to hold war criminals to account. Their work can therefore document crimes, help to uphold human rights, establish accountability, and foster international solidarity.

This comes however with a price. Journalists on duty in the battlefield often face extreme danger, sometimes like that faced by members of the armed forces.

While the number of journalists killed in countries in conflict rose to 23 in 2022, compared with 20 the previous year, the global increase was primarily driven by killings in non-conflict countries. This number almost doubled from 35 cases in 2021 to 61 in 2022, representing three quarters of all killings last year (UNESCO, 2023).

For these reasons, journalists covering conflicts are afforded protection under international humanitarian law. The Geneva Conventions of 1949 and their Additional Protocols set out rules to protect people who are not taking part in the fighting and those who can no longer fight. Additional Protocol I specifies that journalists who are engaged in professional missions in areas of armed conflict must be considered as civilians and must be protected as such if they take no action adversely affecting their status as civilians.

This means that all parties to a conflict must protect journalists, avoid deliberate attacks against them and uphold their rights in case they are captured. In addition, the Rome Statute of the International Criminal Court establishes that intentionally directing attacks against civilians, and therefore also against journalists who are not engaged in the hostilities, constitutes a war crime (<https://www.icc-cpi.int/sites/default/files/RS-Eng.pdf>).

In addition, studies show that most of the PTSD symptoms reported by media professionals consist of remembering the same events upon facing any reminders, nightmares, mood changes when remembering these events,

and intrusive memories (Feinstein et al., 2002).

A meta-analysis study (Hu et al., 2014) (Salimzadeh et al., 2020) found that there is a relationship between cognitive reappraisal, expressive suppression, and mental health (measured through quality of life and satisfaction, positive and negative affect, and depression and anxiety). Results from other studies confirmed the effects of positive cognitive emotion regulation (CER) on mental health.

Unfortunately, the Middle East has, over the years, faced a lot of troubling events and conflicts, such as economic problems, wars, social problems, and environmental disasters. During these different experiences, the role of media professionals has been prominent. These events affected the mental health of media professionals, due to the efforts they had to exert to accomplish their job tasks. Since this is the case, it is important to assess the level of media professionals' cognitive coping strategies.

Hence, the main objective of this study is to determine the relationship between cognitive emotion regulation strategies and mental health, among media professionals in conflict zones.

Methods

Study Participants and Setting

A questionnaire-based cross-sectional study was conducted to assess the relationship between the two variables. The study enrolled 146 media professionals, who had worked in war and conflict zones, including the Gaza Strip, the West Bank, and Lebanon. The study sample included 114 men and 32 women, aged from 19 to >50 years.

The data was collected electronically in terms of publishing a link to the study's measurements with demographic data that includes the place of residence and work on an available sample of journalists.

The study's analysis power was calculated using G power software (reference) to be 0.8326503, with Pearson correlation coefficient = 0.239, Alpha (α) = 0.05 and sample size = 146.

The study was conducted at the Department of Clinical Psychology, Al-Ahliyya-Amman University.

Data Collection

Data was collected from participants, using the Cognitive Emotion Regulation Questionnaire (CERQ) and the Symptom Checklist-90-Revised (SCL-90-R).

Cognitive Emotion Regulation Questionnaire (CERQ) (Gross, 2002):

The CERQ is a newly developed survey. It was conceived to assess the cognitive coping strategies adopted by individuals to deal with stressful situations. The study used the Arabic version because all participants were Arabic speaking. CERQ is based on the nine main cognitive mechanisms (Garnefski et al., 2001) (Gross, J., 2002). It consists of 36 items and the follows nine subscales:

1-Self-blame (tw_1): This subscale measures thoughts in which one blames oneself for events that take place.

2-Blaming others (tw_2): This subscale marks thoughts in which one blames others and current circumstances for events that take place.

3-Rumination (tw_3): In this subscale, repeated thoughts, feelings, and beliefs that are related to an aversive situation are measured.

4-Catastrophizing (tw_4): This subscale measures thoughts that emphasize the degree of horribleness of an event that occurred.

5-Putting into perspective (tw_5): In this subscale, thoughts that diminish the significance of events are measured.

6-Positive refocusing (tw_6): This subscale measures thinking about different positive experiences instead of

events that took place.

7- Positive reappraisal (tw_7): This subscale measures thoughts that emphasize the positive effect of events on one's personal growth.

8- Acceptance (tw_8): This subscale measures the ability to succumb to events that took place and to come to terms with one's destiny.

9- Refocus on planning (tw_9): This subscale measures thinking about specific steps that will lead to overcoming a situation and solving a problem.

Items are measured on a five-point Likert scale ranging from 1 (almost never) to 5 (almost always). Individual subscale scores are obtained by summing up the scores belonging to a particular subscale (ranging from 4 to 20). The psychometric properties of the CERQ have been proven to be good, with Cronbach's alpha coefficients, were in most cases, well over 0.70 and in many cases even over 0.80. Moreover, the CERQ has been shown to have good factorial validity, discriminative properties, and construct validity.

Symptom Checklist-90-Revised (SCL-90-R) (Derogatis, 1994):

The SCL is a widely used questionnaire, developed by Derogatis, to determine a number of psychological symptoms. SCL-90-R includes 90 symptoms and evaluates nine symptomatic dimensions: somatization (t_1), obsessive-compulsive disorder (t_2), interpersonal sensitivity (t_3), depression (t_4), anxiety (t_5), hostility (t_6), phobic anxiety (t_7), paranoid ideation (t_8), psychoticism (t_9), and other general symptoms (t_{10}). Each item is rated on a 5 points scale of distress (0-4) ranging from "Not at All" to "Extremely". Higher scores indicate greater distress. Subscale scores are means of their respective item scores.

The Symptom Checklist-90 Revised is an established instrument and has over 1,000 independent studies supporting its reliability and validity. Its internal consistency coefficient rating ranged from 0.90 for Depression and 0.77

for Psychoticism. Test-retest reliability has been reported at 0.80 to 0.90 with a time interval of one week. All nine primary subscales are well correlated with the Minnesota Multiphasic Personality Inventory. The Symptom Checklist-90 Revised was also correlated with the IIP, 0.73, and the SAS, 0.69 (Pearson).

Reliability and validity

Reliability

Reliability has been checked through examining internal consistency of the scales and split half using SPSS version 27. The analysis showed the following in table 1:

Table(1) Reliability of CERQ

Scale	Total correlation	Cronbach's alpha	Split half
Cognitive emotion regulation questionnaire	0.929	0.981	0.963

The analysis showed that the internal consistencies of the scales (the scale) are reliable with Cronbach's alpha of .982. Also using split half, the analysis showed that the scales has a Guttman Split half coefficient of .963. The results in general showed that the measure was reliable.

Validity

To address the validity of the used tools of the study, although Arabic versions used that was reported to be valid and reliable, face and content validity have been conducted using expert of panel expert in the field utilizing the expert panel. The face and content validity revealed no further comment due to that fact that the tool is already been tested for validity among the Arabian culture. Furthermore, validity has been also tested using Spearman brown for equal versus unequal length of scales. The correlation between the item score and total correlation, using Spearman rho, of the scale has been calculated. The level of significance has been tested at alpha 0.05 and found to be 0.963, as well.

Statistical Analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 13.0.

Categorical variables were described using frequencies and percentages. Continuous variables were described using mean (M) and standard deviation (SD).

The strength and direction of associations were measured by the Pearson product-moment correlation coefficient.

Inferential Statistics

The Pearson correlation coefficient was used to assess the correlation between the dimensions of the SCL-90-R and the dimensions of the CERQ.

Results

Descriptive Statistics

A total of 146 media professionals agreed and filled out and returned the survey. The socio-demographic characteristics of participants are described in Table 2. Of the sample, 78.1% (n = 114) were males and the majority were between the age of 19–29 years (61.6%, n = 90). About 80% (n = 117) of the media professionals are working in Gaza and 31.5% (n = 46) specialized in political journalism.

Description of variables of the study

Psychological symptoms

As shown in table 3, the analysis showed that the total mean of all dimensions (t_{all}) was 1.36 (SD = -0.167) and the means ranged from 1.01 to 1.66 for the seventh (t_7) and eighth (t_8) dimensions; respectively. Based on the cut-off point (1.33), the analysis showed that the mean scores for ($t_1, t_2, t_3, t_4, t_8,$ and t_{10}) are above the cutoff point indicating that media professionals have a moderate level of psychological symptoms in these domains. While, mean scores for $t_5, t_6, t_7,$ and $t_9,$ were below the cutoff point indicating low level of psychological symptoms.

Table (2) Socio-demographic characteristics of study participants.

Characteristic	Frequency	Percent	Valid Percent	Cumulative Percent
Age (years)				
19-29	90	61.6	61.6	61.6
30-39	45	30.8	30.8	92.5
40-49	8	5.5	5.5	97.9
Over 50	3	2.1	2.1	100.0
Sex				
Male	114	78.1	78.1	78.1
Female	32	21.9	21.9	100.0
Media Specialization				
Social	27	18.5	18.5	18.5
Economic	4	2.7	2.7	21.2
Political	46	31.5	31.5	52.7
Social, Political	20	13.7	13.7	66.4
Economic, Social, Political	11	7.5	7.5	74.0
Other	38	26.0	26.0	100.0
Work Location				
West Bank	58	39.7	39.7	39.7
Gaza	80	54.8	54.8	94.5
Lebanon	8	5.5	5.5	100.0

Table (3) Descriptive statistics of the Symptom Checklist-90-Revised.

Subscale	N	Mean	Standard Deviation
t_8	146	1.66	0.850
t_2	146	1.65	0.779
t_{10}	146	1.56	0.695
t_4	146	1.56	0.825
t_3	146	1.45	0.804
t_1	146	1.35	0.814
t_5	146	1.28	0.865
t_9	146	1.13	0.762
t_6	146	1.11	0.783
t_7	146	1.01	0.793
t_{all}	146	1.36	0.167

Note: Somatization (t_1), obsessive-compulsive disorder (t_2), interpersonal sensitivity (t_3), depression (t_4), anxiety (t_5), hostility (t_6), phobic anxiety (t_7), paranoid ideation (t_8), psychoticism (t_9), and other general symptoms (t_{10}).

Emotion regulation

As shown in table 4, the analysis showed that total mean score for all domains (tw_{all}) was 3.39 (SD = 417) with mean scores ranging from 2.7 (SD = 863) for refocus on planning domain (tw_9) to 4.17 (SD = 0.689) for putting into perspective domain. As per the cut-off point (1.33), by interquartile equation, (tw_1 , 2, 3, 4, 8, and tw_9) had means higher than were in the moderate level, the rest were in the mild level.

Table (4) Descriptive statistics of the Cognitive Emotion Regulation Questionnaire.

Subscale	N	Mean	Standard Deviation
tw_5	146	4.17	0.689
tw_6	146	4.09	0.713
tw_7	146	3.68	0.710
tw_3	146	3.46	0.750
tw_2	146	3.33	0.712
tw_4	146	3.10	0.963
tw_1	146	3.02	0.801
tw_8	146	2.96	0.832
tw_9	146	2.70	0.863
tw_{all}	146	3.39	0.417

Note: Self-blame (tw_1), blaming others (tw_2), rumination (tw_3), catastrophizing (tw_4), putting into perspective (tw_5), positive refocusing (tw_6), positive reappraisal (tw_7), acceptance (tw_8), refocus on planning (tw_9).

Bivariate analysis

To examine the relationship between psychological symptoms (total and domains) and the emotional regulation (total and domains), Pearson correlation coefficient was used (see table 5). The analysis showed that total score of psychological symptoms was correlated positively and significantly with emotional regulation total score and all domains ($p < 0.05$). The magnitude of correlation ranged from 0.425 from Self-blame (tw_1) to 0.632 for acceptance (tw_8). The magnitudes of correlation indicate moderate level (0.4 to 0.7) that might interpret the clinical

significance of the relationship between the variables of the study. On the other hand, emotional regulation total was correlated significantly with Somatization (t_1), interpersonal sensitivity (t_2), phobic anxiety (t_7), paranoid ideation (t_8), psychoticism (t_9), and the psychological symptoms total score ($p < 0.05$). The magnitude of correlation ranged from .177 for paranoid ideation (t_8) to 0.213 for psychoticism (t_9). The magnitudes of correlation indicated very low (0.1 to 0.3) that might infer cautious interpretation of the relationships between the variables of the study.

Table 5 indicates that there is a relationship between cognitive emotion regulation strategies and some psychological symptoms among diagnosed subjects/ individuals. This reflects the importance of using certain strategies to confront life in a healthy manner and prevent the psychological problems that might result from the use of incorrect mechanisms.

Differences in psychological symptom and emotional regulation related to sociodemographic characteristics

To examine differences in psychological symptoms and emotional regulation total scores and related to sociodemographic characteristics, the analysis using t-test showed that there is no significant gender difference in psychological symptoms ($t = -0.721$, $p = 0.472$) and emotion regulation ($t = 1.06$, $p = 0.292$). The mean total score of emotional regulation was higher among males than females (30.7, SD = 3.9, 29.9, SD = 3.2; respectively). While mean total score of psychological symptoms was higher among females ($M = 14.6$, $SD = 6.8$) than males ($M = 13.5$, $SD = 7.2$). Using ANOVA to test differences in psychological symptoms and emotional regulation total scores related to age, area of specialty, and place of work. The analysis showed that significant differences found in emotional regulation related to place of working ($F = 3.6$, $P = 0.032$), while no significant differences were

found in age and area of specialty related to emotional regulation ($p > 0.05$). Significance differences were found between those working in Gaza strip and West Bank, while no significant differences were found between those working in Lebanon, Gaza, and West Bank. Moreover, while no significant differences were found in age, area of specialty and workplace related to psychological symptoms ($p > 0.05$).

Table (5) Correlations between subscales of the CERQ and the SCL-90-R.

Variables	tw ₁	tw ₂	tw ₃	tw ₄	tw ₅	tw ₆	tw ₇	tw ₈	tw ₉	tw _{all}
t ₁	0.070	-0.034	0.232*	0.054	0.038	0.006	0.062	0.239**	0.167	0.180*
t ₂	0.124	-0.049	0.234*	-0.061	0.064	0.011	0.171	0.205*	0.232*	0.191
t ₃	0.042	-0.002	0.402**	-0.199*	0.030	-0.023	0.132	0.270**	0.288**	0.190*
t ₄	0.161	-0.033	0.304**	-0.155	-0.003	0.014	0.109	0.178	0.209*	0.158
t ₅	0.033	-0.060	0.179*	-0.033	-0.001	-0.019	0.127	0.226*	0.136	0.123
t ₆	0.102	0.006	0.125	-0.060	-0.074	-0.023	0.121	0.244**	0.124	0.119
t ₇	0.045	0.099	0.200*	0.071	-0.040	-0.043	0.159	0.160	0.245**	0.197*
t ₈	0.135	0.094	0.135	-0.031	0.147	0.027	0.221*	0.171	0.182	0.213*
t ₉	0.125	0.088	0.196*	0.001	-0.004	-0.018	0.134	0.188*	0.133	0.177*
t ₁₀	0.035	-0.024	0.062	-0.024	0.068	0.070	0.064	0.114	0.138	0.105
t _{all}	0.425**	0.437**	0.596**	0.525**	0.586**	0.478**	0.618**	0.632**	0.456**	0.281**

*significant at alpha .05 **significant at alpha .001

Discussion

Working in professions characterized as involving high levels of stress is associated with traumatic experiences that might influence the mental and psychological wellbeing of individuals. This study examined the psychological wellbeing of media professionals working in war zones, who are among those who persistently witness events that make them directly or indirectly vulnerable to traumatic experiences that compromise their wellbeing. In general, the results of the study demonstrated that media professionals suffered from psychological problems and have used several methods for cognitive emotion regulation, and the averages of psychological problems were low, and this means a decrease in tension among the research-sample, and this is logical because the continuous habituation to some professions increases the hardness of the workers and their experience in dealing with different situations in these professions. They suffer from several psychological symptoms at moderate and/or high levels, such as somatization, Obsessive Compulsive Disorder, OCD, interpersonal sensitivity, depression, and paranoia. Such factors are assumed to influence their daily activities causing more harmful bio-psychosocial disturbances. One explanation is that, for example, somatization is strongly linked to the psychological tension resulting from exhaustion in the work environment. Another explanation is related to direct threat and endless scenes that may create a sense of hopelessness. All of the previously mentioned results comply with previous studies (Backholm and Björkqvist, 2010) (Backholm, 2012) (Feinstein et al., 2016) (Idås et al., 2019) (Papadopoulou and Maniou, 2020) (Ratrou and Hamdan-Mansour, 2020).

The study has also shown that professionals working in the media field, in areas of conflict, use several methods for cognitive emotion regulation as a reaction to the pressure they are subjected to, in medi-

um to high levels. It is worth noting that some of these strategies are positive, while others are negative. Thus, their reflection on mental health and the chance of suffering from psychological symptoms are relevant.

For those not suffering from medium levels of symptoms, the following strategies of regulation were used to fight pressure: rumination (tw_3) and catastrophizing (tw_4), as negative strategies. There were also positive strategies, such as positive reappraisal (tw_7), acceptance (tw_8), and re-focus on planning (tw_9).

In Table 5, we can see that certain organizational strategies were also used. For example, self-blame (tw_1) and internal attribution were seen in persons diagnosed with OCD (t_2), interpersonal sensitivity (t_3), depression (t_4), anxiety (t_5), and general symptoms (t_{10}). It is noted that self-blame is part of these disorders and one of their symptoms.

Another strategy was rumination (tw_3). It appeared in people with OCD (t_2), interpersonal sensitivity (t_3), and general symptoms (t_{10}).

It was also clear that there was a tendency towards exaggeration and catastrophizing (tw_8).

Additionally, there were other emotion regulation strategies used at high levels, including positive reappraisal (tw_7). This was evident in those diagnosed with hostility, paranoia, and psychosis, and it may be due to their tendency towards perfectionism.

On the other hand, the strategy of acceptance (tw_8) was followed, when negative events took place in the life of the individual. It was clear in individuals diagnosed with somatization (t_1), interpersonal sensitivity (t_3), anxiety (t_5), and other general symptoms (t_{10}).

Refocusing on planning (tw_9) among those

suffering from OCD (t_2), by searching for and thinking about the best solutions to fight pressure, was also seen.

All of these issues had various significances, as related to the nature of the environments from which data was collected.

However, self-blame, catastrophizing, rumination, and blaming others were clearly seen and were in accordance with the results of other studies, including (Aoki et al., 2013)(Seely, 2019) (Wang et al., 2019)

In the discussion pertaining to question number 3, it was found that there was no statistical significance between cognitive emotion regulation strategies, in general and the total psychological symptoms. Resulting Pearson correlation coefficients also showed a positive significant relationship between secondary cognitive emotion regulation strategies and secondary psychological symptoms: self-blame, rumination, catastrophizing, blaming others, and cognitive emotion regulation strategies in general on one side and physical symptoms and psychosis on the side of psychological symptoms.

There was also a positive and significant relationship between self-blame, rumination, putting things into perspective, catastrophizing, blaming others, and cognitive emotion regulation strategies in general on one side and OCD, interpersonal sensitivity, anxiety, fear, and paranoia on the side of psychological symptoms.

Additionally, a positive and significant relationship was found between self-blame, rumination, putting things into perspective, blaming others, and cognitive emotion regulation strategies, in general on one side and depression on the side of psychological symptoms.

Another positive and significant relationship was seen between rumination, catastrophizing, blaming others, and cognitive emotion regulation strategies, in general on one side and hostility on the side of psychological symptoms.

A positive and significant relationship was also seen between rumination, putting things into perspective, catastrophizing, and cognitive emotion regulation strategies, in total on one side and other symptoms on the side of psychological symptoms.

All strategies of cognitive emotion regulation (each one its own) had a positive and significant relationship with the total psychological symptoms.

It is clear from the above that all negative cognitive emotion regulation strategies were related to psychological symptoms. This seems to be logical, since all cognitive anomalies related to generalization, exaggeration, and pessimism are related to several psychological disturbances, the most significant of which are anxiety, depression, hostility, OCD, etc.

In addition, negative emotional expression drives the individual to reinforce all the ideas he/she carries about him/herself, the world, and others. This leads back to the cognitive interpretation of psychological disturbances discussed by Beck (Feinstein, 2012; Monteiro & Marques Pinto, 2017; Fielder, 2018; Idås et al., 2019; Shah et. al., 2020; Hansson et al., 2020; Nölleke et al., 2020)

Among the limitations of this research was the difficulty in reaching media professionals in other countries of conflict, such as Syria, Lebanon, Yemen, etc.

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to, 2017; Fielder, 2018; Idås et al., 2019; Shah et. al., 2020; Hansson et al., 2020; Nölleke et al., 2020)

Among the limitations of this research was the difficulty in reaching media professionals in other countries of conflict, such as Syria, Lebanon, Yemen, etc.

Conclusion

Media is among the professions where workers are subjected to psychological pressure the most, due to the nature of their work. This takes place particularly in areas of conflict, with recurrent harmful events. Thus, there is a distinct relation between cognitive emotion regulation strategies used by media professionals and the resulting psychological symptoms they demonstrate.

List of Abbreviations

CER: Cognitive emotion regulation
 CERQ: Cognitive emotion regulation questionnaire
 M: Mean
 OCD: Obsessive-compulsive disorder
 PTSD: Post-traumatic stress disorder
 REC: Research Ethics Committee
 SCL-90-R: Symptom Checklist-90-Revised
 SD: Standard deviation
 SPSS: Statistical Package for the Social Sciences
 t_1 : Somatization
 t_{10} : Other general symptoms
 t_2 : obsessive-compulsive disorder
 t_3 : Interpersonal sensitivity
 t_4 : Depression
 t_5 : Anxiety
 t_6 : Hostility
 t_7 : Phobic anxiety
 t_8 : Paranoid ideation
 t_9 : Psychoticism
 t_{all} : all symptomatic dimensions of the Symptom Checklist-90-Revised

tw_1 : Self-blame
 tw_2 : Blaming others
 tw_3 : Rumination
 tw_4 : Catastrophizing
 tw_5 : Putting into perspective
 tw_6 : Positive refocusing
 tw_7 : Positive reappraisal
 tw_8 : Acceptance
 tw_9 : Refocus on planning
 tw_{all} : All subscales of the CERQ

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conflict of interest

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