

Dealing with the Aftermath

— *Post Traumatic Stress Disorder in Recreational Dive Rescuers*

We are taught how to rescue other divers in emergency, but who prepares us for the aftermath and effects of witnessing a tragic event up close? Rescue attempts do not always end well, and even when they do, Post Traumatic Stress Disorder (PTSD) is a very real possibility for those who have just been involved with a life or death situation in a recreational dive setting.

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On a dive boat everything is going well and all are having a good time. Suddenly a shout for help is heard from the port side. Looking over, a pair of divers is seen and one appears to be unconscious.

Two members of the party dive in and assist the buddy in getting the stricken diver to the swim platform. Stripping the gear from the diver takes but a few seconds. Getting them into the boat takes a little less than a minute more.

Once on the boat, it is soon determined that the diver is not breathing and has no pulse. CPR is started and after a couple of minutes a pulse is found. The team begins to relax when suddenly the diver convulses, begins spewing a bloody froth, and collapses. The diver does not regain consciousness.

Shortly after, those divers who were directly involved in the rescue begin to have problems. One has nightmares and cannot get the deceased diver's face out of

his mind. Another suddenly begins selling off his gear and no longer returns calls from anyone associated with scuba. The diver who was the actual buddy of the victim is killed in a car accident while driving drunk. Prior to the event, he had never been known to over indulge in alcohol.

Missing diver

A dive outing at a local quarry and a group of Open Water students are enjoying their checkout dives. At the end of dive number two, a student diver surfaces saying she's lost her buddy and he has not surfaced.

While quickly scanning the surface for bubbles, the instructor and divemaster get all the students to shore and sound an alarm. Those on shore take action by notifying the quarry owner, calling emergency medical

services (EMS), and gathering information from other divers coming out of the water.

The instructor and his assistant search in the last reported area the diver was seen. It is near an underwater platform used for training. They spot a fin tip sticking out from around the corner

or the platform. It is the missing diver—a 60 year old man, eyes wide open, and with his regulator out of his mouth. They bring him to the surface and begin with in water rescue breathing followed by CPR once they reach shore but it is too late. The diver never regains a pulse and is taken away by EMS personnel.

During these events, the man's buddy—his wife—is hysterical and begins screaming at the instructor and his assistant demanding to know why they were not watch-

ing them and did not know where they were. Why were they so far ahead of the class and did not know her husband had gotten separated from the rest?

An autopsy will show that the man suffered a massive heart attack from a previously unknown condition. Yet the assistant cannot get the man's face out of his mind—underwater, no regulator, eyes open, but lifeless and staring straight ahead. Mixed with that is the woman's accusing voice that haunts him.

He has difficulty sleeping, withdraws from his friends, and though he still dives, he no longer will assist with classes. The instructor suddenly cancels all classes and ignores his other students' calls and emails.

He is cleared of criminal wrongdoing but receives a reprimand from his agency for not being in control of his students and not adhering to standards. Soon he drifts out of the local dive scene and moves away with no forwarding address.

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Withdrawal

It's a warm sunny day and a group of friends are having a good time at a local lake. One member of the group had previously been involved in the rescue of a diver a couple months earlier that did not turn out well. Yet until this time, he had not been suffering from any after effects of that incident.

Suddenly one of his friends suffers a severe leg cramp and yells for help. Others rush to his aid and pull him from the water. He suffers no serious injury and soon recovers with some stretching and massage of the leg muscles.

Another diver looks at the one who had been involved in the previous rescue and asks why he did not respond as he was so close. The diver says nothing and turns away from the group, packs up his gear, and speeds from the site.

A few days later he brings his gear to the local shop and asks them to sell it. He refuses to take calls, does not answer emails, and is heard to be having problems at his job. Yet he will talk to no one and is about to be fired when his boss

sends him to an employee intervention program.

Here he discovers that his first rescue experience that did not turn out well caused him to not respond to a rather simple need for assistance. The guilt he felt over that as well as subconsciously feeling he could have done more in the first scenario and perhaps changed it to a more favorable outcome turned into something serious that affected his entire life.

With the help of a trained professional he was able to come to terms with these events, but he never dived again.

Haunted

During a series of open water dives, an individual in group of divers using rental gear suddenly has a regulator begin to free flow towards the end of the dive, which quickly empties his tank of his remaining air. The diver signals an OOA to his buddy and the buddy donates his octopus.

As the diver with the free flow takes the octopus, the cover falls off, and he is left



holding an octopus that does not work. He heads for the surface while continuously exhaling. His buddy follows and soon surfaces beside him.

He is congratulated for executing a successful self-rescue. The buddy apologizes profusely and is told that it really wasn't his fault but that of the crappy rental gear. They laugh it off and decide to end the diving for the day and both seem fine.

That night, the diver whose regulator fell apart catches himself analyzing the incident until he realizes that he is up much later than he should be. He sleeps fitfully and has rough day at work.

It happens again two days later. The diver with the free flow finds that on the next dive outing that he spends much of the first dive tense and preoccupied with his air supply, to the extent that he loses track of his buddy and has to swim hard to catch him.

The next dive is not much better. He enjoys neither of the dives. The next weekend he begs off one of the days and soon finds that he is not interested in going at all.

A very real possibility

These four scenarios are fictitious and are not taken from any one actual event. All of them are used to illustrate the effects that Simple Post Traumatic Stress Disorder or Simple PTSD may have on a diver who rescues another.

The idea for adding this topic to the Scuba Educators International (SEI) Diver Rescue and Accident Management (DRAM) course is the result of having been involved in a few rescues of recreational divers. It is also a result of speaking with other divers who were able to be of assistance to one of their own. Finally it is from reading the reactions of divers to events that did not turn out well and the

effect the incident had on them.

Not all rescues will have positive outcomes. Even those that do may have effects that the rescuers may not see coming.

Those effects may present themselves to varying degrees over different lengths of time. They may not have much effect on the rescuer. When they do though, they need to be addressed and dealt with.

Post Traumatic Stress Disorder, or PTSD, is a very real possibility for those who have just been involved with a life or death situation in a recreational dive setting.

Scuba diving is an activity that for many people is filled with adventure, knowledge and enjoyment. It is an activity that is safe as long as one follows his or her training and experience.

Pushing those limits too far, too fast can, however, result in an accident that





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on them—that even though they may have performed thousands of them, one particular rescue may be the event that has affected them for a long time.

Military personnel who have seen the effects of combat and had to pull buddies and parts of buddies out of that hell are most often cited as likely to experience PTSD. It was first in these members or our armed forces that PTSD was diagnosed and described.

Soon psychiatrists, psychologists, and therapists began to see the exact same signs and symptoms in patients who had never experienced combat or saw the effects of it. What they realized was that these people were experiencing the same effects as a result of having been involved in traumatic events, or in some cases from witnessing these events.

Whatever the cause, the end result can be summed up by saying that anyone involved in a serious rescue scenario with a fellow diver stands a chance of being injured by that scenario. Not physically injured but injured mentally.

Mental injury

PTSD is sometimes referred to as a mental injury. This is different than a mental illness. It is also nothing to be ashamed of or hidden from everyone. It is a treatable condition that according to the National Institute of Mental Health in 2006 affected 8 million Americans.

But what we are talking about here is not the same type of PTSD that is manifested in those who are exposed to mental trauma

day in and day out. What we are talking about here is the PTSD that is brought on by a single event. Known as Simple PTSD, it is a reaction of the subconscious mind to a single violent or

frightening event.

For our purposes, this single event is a diving accident. It need not be a fatality or even a life threatening event to shock the system and produce signs and symptoms of PTSD. Even an event with a successful outcome can have long lasting effects.

Let's look at what PTSD is and what the signs and symptoms are.

Signs of PTSD

A frequent sign of PTSD is repetitively thinking about the event. These thoughts may suddenly come into your mind even when you don't want them to. They may come in the form of nightmares or flashbacks about the event.

These flashbacks can result in inflated reactions at inconvenient times. You may get upset simply by being reminded of what happened. You may react when someone mentions it, when you see a picture of the place where it occurred, or when you see another person who was there.

Another common sign of PTSD is hyper-vigilance. Hyper-vigilance is brought on by a mental injury. It is a state of heightened alertness. Many situations call for one to be extra alert and watchful.

But the person suffering from PTSD is often like this constantly. They are not able to relax, and the smallest disturbance can create an overblown reaction.

can have devastating physical effects and may result in death. Even when all the rules are followed, changing dive conditions, weather, currents, tides, and even marine animals may cause injury to a diver necessitating a rescue.

A previously unknown medical condition may also cause a diver to require assistance. Another possible cause of a diver's distress may be from becoming entangled in fishing line or kelp. Careless boaters may also result in injured divers. And all too often it is the diver themselves, through

error or carelessness, which will put their own safety and life in danger.

Regardless of the cause, the diver will require assistance—perhaps life saving assistance. You, the rescue diver, are likely to be the one looked to for that assistance.

A Rescue course is arguably the most important course you can take after Open Water. Some agencies require you to also have advanced training before the Rescue course along with a minimum number of dives—perhaps

as many as 20.

Scuba Educators International (SEI) only requires Open Water and ten dives. SEI recognizes the importance of having the ability to not only provide assistance to another diver but to prevent issues from turning into accidents from the earliest possible opportunity.

This is one reason why some of the skills in the DRAM course are also taught in the Open Water class. Divers not taught under the SEI system may not have had any rescue skills other than a tired

diver tow.

If the only problem a new diver could be expected to encounter is a tired one, I, for one, would be extremely happy. Reality is far from that ideal. What we are concerned with here is dealing with the effects of the need to rescue a diver that may be felt after that incident by those who provide that assistance.

The rescue of anyone is a profound experience. Ask any firefighter, police officer, or EMT. Any one of them will tell you honestly that each rescue has an effect



This hyper-vigilance may also result in a sense that you are somehow less than worthy of other's attention and consideration. This may lead to depression.

You may also suffer from insomnia. The thoughts and images of the event may cause you to lose sleep or keep from getting truly restful sleep. In some cases medication may help but only for a short time. Using medication for extended periods to deal with insomnia presents its own issues of possible dependency.

You may find yourself going to great lengths to avoid things that remind you of the event: the location of the event, the people who were there, perhaps even the activity itself, in extreme cases.

Some people involved in the rescue of a diver that may not have had a good outcome may go so far as to stop diving. This may or may not be an extreme response. If the events are so traumatic and upsetting that recalling them

detracts from the dive planning process so that diving itself now becomes unsafe due to inattention to detail, then perhaps it is for the best that the diver stops diving.

You may also experience panic attacks. These appear as a feeling of intense fear accompanied by shortness of breath, dizziness, sweating, nausea and a racing heart. Some mistake panic attacks as heart attacks, as they may also be accompanied by tightness or burning in the chest.

Other physical symptoms may be chronic pain, headaches, stomach pain, muscle cramps, or low back pain. Not all of these symptoms will occur at the same time but any of them could at any time.

Feelings of mistrust is another common experience. These feelings may be towards strangers, friends, family, or the world in general. This can result in feelings of loneliness and isolation. In addition, you may lose trust in others and look at

the world itself as something to be feared.

Chronic fatigue is another possible sign that something may be wrong. Especially if no physical cause can be pointed to as the source of the tiredness. In fact, the body needing to fight the other symptoms may in itself contribute to the feeling of fatigue.

It takes a great deal of energy to maintain a hyper-vigilant state. Not being able to rest or sleep only adds to that. The panic attacks also use up valuable energy.

There may be other subtle signs that in and of themselves do not seem as serious as those noted here. All of us at times go through periods where we

are easily distracted, lose our train of thought, or get irritated at small things. The difference though with PTSD is that these small things can be nearly constant or such that they interfere with simple daily living. Further indicators may need to be diagnosed by a professional.

Help with PTSD should also be sought from a person with specific training in the diagnosis and treatment of PTSD. Finding a therapist, psychologist or psychiatrist who specializes in treating those suffering from PTSD can be done via a number of routes. One of the first avenues to consider in locating treatment may be consulting your family physician and asking for a referral. Another possible source may be a member of the clergy. Your community mental health agency or local hospital may also have information to aid you in seeking treatment. □

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