

Understanding Diver PANIC

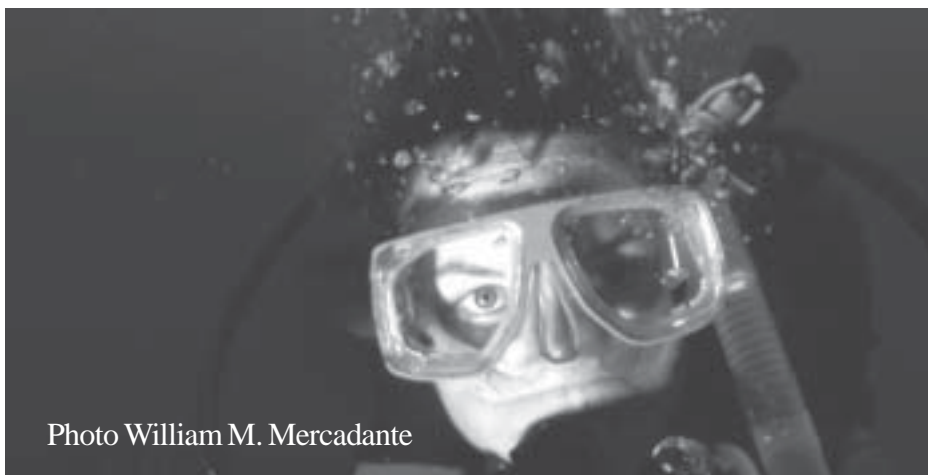


Photo William M. Mercadante

*By John R. Yarbrough,
Ph.D*

Panic refers to a sudden and often unpredictable onset of intense, sometimes blinding, fearfulness or terror, usually associated with feelings of impending doom.

We associate panic with a number of physiological symptoms, such as shortness of breath, a feeling of 'not getting enough air,' palpitations, chest pain and fear of losing control. Panic symptoms usually build to a crescendo in 10 minutes or less.

According to the DSM-IV (the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Illness, 4th edition), people experience three major types of panic attack:

- Situationally bound, or cued attacks;
- Situationally predisposed attacks; &
- Spontaneous attacks.

Situationally bound (or cued panic attacks) happen immediately after exposure to, or in anticipation of, a situational cue or trigger such as seeing a shark or crossing the magical 18-metre mark into a 'deep dive.' This form of panic is most often

associated with a specific phobia, such as a fear of sharks or a fear of 'going too deep' (called bathophobia). In these instances, divers most likely avoid placing themselves in such situations so as to minimise the chances of an episode.

Situationally predisposed panic attacks usually occur in the presence of a trigger: they do not always occur in every situation, however, or they might not occur immediately. For example, an apprehensive novice may make two successful dives to 10 metres, but has an overwhelming need to bolt to the surface on the third.

Finally, a spontaneous panic attack is not associated with any particular trigger and occurs 'out of the blue.' This is perhaps the most frightening type of attack and possibly one of the more dangerous kinds. No one can predict the onset of panic symptoms, and there is no way of

knowing when or if the symptoms will recur.

Cognitive and Physiological Symptoms of Panic

At one time or another, everyone experiences mild symptoms of anxiety. Perhaps the most common and familiar form is performance anxiety or 'stage fright.' People may feel apprehensive or embarrassed that all eyes are focused on them, waiting for them to demonstrate a particular skill. Often apparent in dive training, this occurs when students are observed practicing skills such as clearing a flooded mask. Panic is at the far end of the anxiety continuum: it can be intense and overwhelming, overriding rational thought.

Due to their unique environment, divers may actually predispose themselves to panic, especially in emergency situations. The natural human responses to an overwhelming sense of anxiety - the

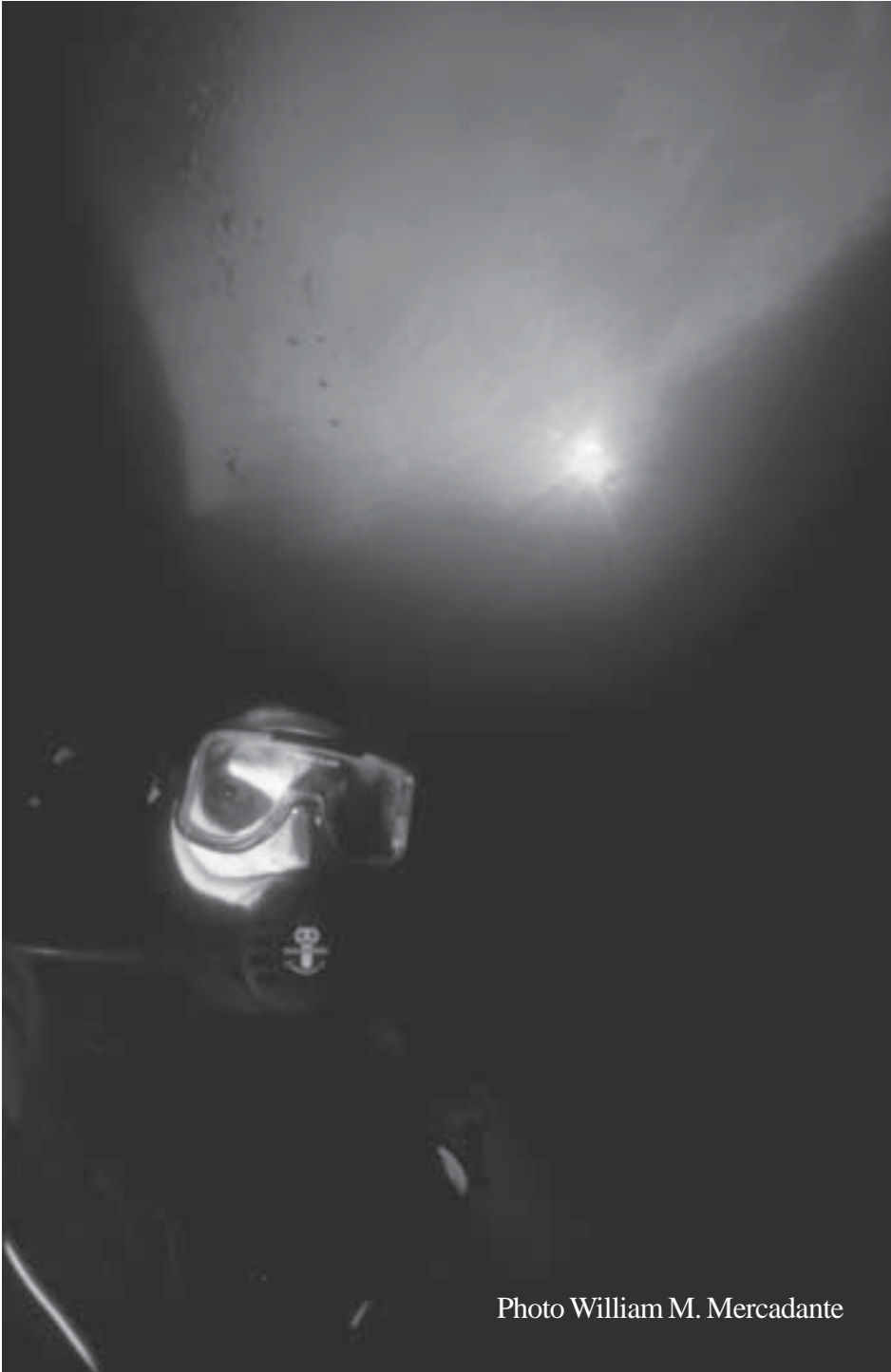


Photo William M. Mercadante

natural 'fight or flight' responses to which we are predisposed - are unsuited for coping with problems encountered in the marine environment.

For example, your regulator unexpectedly malfunctions at 20 metres. Your body immediately

perceives the threat and reacts by getting you ready for 'fight or flight.' Your heartbeat accelerates and perception narrows, blood is diverted from your internal organs to your limbs. Oxygen demand increases. This happens automatically and involuntarily; you can do nothing to prevent it. You again try to inhale,

this time more deliberately, but without effect. You immediately feel that you are out of air, and the thought flashes through your mind that you are going to drown.

Before your training kicks in and you reach for your octopus or back-up air supply, or before you signal to your buddy that you are out of air and take his or her octopus, your first impulse is to get out of the situation as quickly as possible. Your inclination is to hold your breath, believing you are conserving at least a partial lungful of air and kick for the surface.

Unexpected is a significant factor here, for if you are expecting an emergency you can often look at it more clinically: i.e., responding to the situation rather than simply reacting.

Note: this example of the malfunctioning regulator applies to any level of diver. It is merely an assumption that veteran divers do not experience any symptoms in similar situations. Practice and over-learning play important roles in how experienced divers respond in unexpected, emergency situations. This is one of the reasons that military divers train continuously and in various stressful situations.

Panic and Personality Factors

Several personality factors contribute to a person's predisposition to panic. Anxiety-prone individuals may set themselves up for panic by doing many things, including:

- having the additional stress of diving in a new and unfamiliar place;
- trying to dive too deep;
- attempting to dive a profile to which they are unaccustomed; or
- task-loading themselves to the point that they are overwhelmed.

Persons already suffering from an anxiety disorder, such as obsessive-compulsive disorder, post-traumatic stress disorder (especially if the initial trauma was marine-related) or a specific phobia, such as nyctophobia (a fear of darkness) or pnigophobia (fear of not being able to breathe) may be even more prone to full-blown panic attacks.

Note also that some medical conditions may predispose certain individuals to panic. It has been suggested that asthma, mitral valve prolapse and thyroid disease may be contributing factors. Use of cocaine, amphetamines or caffeine, and withdrawal from alcohol or other central nervous system depressants can precipitate a panic attack as well.

Managing Panic In Yourself

One of the most important things you can do toward managing anxiety is being aware of your internal state. Occasionally, run through a mental checklist:

- Do you perceive an increase in your heart rate?
- Do you suddenly feel tired, stressed, anxious?
- Do you have a ‘bad feeling’ about the situation or dive?



Photo William M. Mercadante

In his book *The Gift of Fear*, Gavin DeBecker discusses why we may feel apprehensive, adding that too often we cognitively override these feelings, ignoring the warnings our bodies give us until we reach the point where irrationality and panic is imminent. Remember, it is never too late to abort a dive.

If you feel anxious, actively and forcefully tell yourself to STOP!

After this thought stopping, redirect your mind to some other thought, such as the head-to-toe equipment check. This technique serves two purposes: it defuses the anxiety, and it reassures you that all equipment is accounted for and thoroughly checked and now re-checked. This affords you an extra margin of safety and confidence to continue. It also simply helps you to slow down and to concentrate on something other than your anxiety.

If this does not work quickly, make a controlled ascent toward the surface. Sometimes just moving up into shallower water can help. If you do feel the need to surface, however, don't forget to make a safety stop. There have been stories of divers who have panicked once at the surface, suddenly believing that they would immediately get decompression illness by missing or cutting short their safety stops. Some, hoping to recompress, have even compounded the problem by trying to descend while in a near-panic state.

Some individuals believe that in order to understand panic you must experience it firsthand. Recall the scene from Ridley Scott's 1997 film *G.I. Jane*, when Navy S.E.A.L. trainees were blindfolded and water poured into their faces. The command master chief instructed his crew: "You need to know what it feels like to drown in order to avoid

panic and perhaps gain those few seconds that just may save your life.”

While some extremists may embrace this concept of fear management, it is not practical in conventional dive training. Instead, one might consider a technique called cognitive rehearsal, which consists of playing ‘What if?’

Ask Yourself Hard Questions

“What would I do if _____ happens?” For example: “What would I do if my buddy suddenly snatched my regulator from my mouth and began fighting toward the surface?” “What would I do if my weight belt caught on a piece of wreckage? Or my panicked buddy grabbed the inflator on my BC and I suddenly found myself in an uncontrolled ascent?” or “What would I do if I became entangled in kelp?”

Mentally walk yourself through an emergency. Rehearse a mnemonic for an action: e.g., ‘SAFE: Slow Ascent For Exit.’ This is especially effective if you are already in a similar, but presently non-threatening situation. Think about how to respond to a diving emergency while you are making a pool dive or hanging at your safety stop. It provides you with a mental template of how you could respond in an actual emergency.

But don’t obsess about a situation to the point of making yourself overly anxious: mentally rehearsing

a situation only takes a few seconds, but it could actually provide you with that moment or two it takes to avoid full-blown panic.



Photo William M. Mercadante

Ask yourself whether you are prepared for the dive. Is your equipment serviced and operating correctly? Do you have a redundant air supply, such as a pony bottle or Spare Air^a system? Do you carry a knife or shears to free yourself from accidental entanglements? Some divers see equipment such as back-up signaling devices or a small BCD flashlight on a daytime dive as unnecessary. Others see these small items as crucial to their psychological safety net, allowing them an

increased degree of comfort and more freedom to enjoy the dive.

Are you in adequate physical and mental condition for diving? Have you been out too late partying and now have a hangover? Do you feel drowsy from the antihistamine you just took for sinus problems or seasickness? Do you feel queasy from the boat ride through unexpectedly rough seas?

Is your training adequate for the situation? How experienced are you at making night dives, dives below 18 metres, or in overhead environments? Have you acquired - and do you practice - the skills for self-aid or the skills to assist or rescue another diver?

What is your task load? Are you attempting to take photographs, count fish, stay off the reef, watch your less-

experienced dive partner and keep an eye on your gauges all at the same time?

What about environmental factors? What about currents, visibility and temperature? Are you wearing enough thermal protection for the dive? Water temperatures below 20 degrees C place significant stress on the body, and cold stresses have been cited as a major reason for drop-out among military divers.

How well do you know your dive buddy? A hot topic in terms of safety and liability, some divers have begun pushing for a solo diving certification. How do you know what the random guy on the boat will do once his feet hit the water, much less how he will react in a stressful or emergency situation?

For that matter, how do you know that the younger divemaster, with only a hundred or so dives, is any more experienced at handling unfamiliar situations than you, an advanced open-water diver with only one or two specialties, but with more than 1,000 logged dives? This leads to the next topic.

Managing Panic in Others

The subjective physiological symptoms of panic include racing heartbeat, and feelings of unreality. These are very real symptoms, but they are not readily apparent to an observer.

Active panic may be easy to recognise. This is often seen as a diver trying to tear the regulator from another diver's mouth in an effort to get air, or in bolting for the surface.

Other outward signs of overwhelming anxiety include:

- a 'panicked', 'wild-eyed stare' (as one instructor put it: 'your eyeballs touching the lenses of your mask');
- rapid, shallow, inefficient breathing;
- hyperventilation (or sometimes breath-holding on rapid ascent);
- flailing with the arms and legs or a sudden inability to communicate coherently. (See sidebar).

During the PADI Rescue Diver or SSI Stress and Rescue certification courses (see their program manuals) or at the divemaster and instructor levels, advanced divers are trained to recognise and deal with these situations.

Panic may take other, more unexpected forms, e.g., sudden withdrawal or catatonia, an involuntary 'freezing,' or inability to move or otherwise respond. (Underwater, it may be difficult to distinguish this from a petit mal seizure, which may also be an emergency, but of a different sort.) If the diver is slightly negatively buoyant, catatonia may result in a slow sinking; the diver may slip below a depth below which a safe rescue is difficult. A number of these accidents have occurred over the years, although whether they resulted from panic may never be known for sure.

Note that a 'passive' panic-like catatonia may just as quickly become an active form if the individual suddenly snaps from this state of withdrawal. This often happens when the diver is approached by a buddy or rescuer. At this point, a diver may grab the rescuer's regulator, unaware that he or she is also jeopardising their

collective safety, entangling the rescuer or dragging the rescuer along while ascending.

At the surface, the diver may try to push off of another diver in an attempt to get further out of the water; the diver may hold the rescuer under or cause other injuries to those attempting to assist. Again, instruction in diver rescue and the actual practice of skills can be invaluable in such situations.

One rule of thumb in attempting to manage panic in others is paramount: take care of yourself first. You cannot assist another if you are in trouble or incapacitated. If you do try to help and get in trouble as well, you have just created a second emergency situation for someone else to manage.

Diving prepared means you can help yourself and others. ●

EMERGENCIES HAPPEN!

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OBJECTIVE SIGNS OF PANIC

At depth:

1. Rapid, shallow breathing or hyperventilation (or sometimes breath-holding on rapid ascent).
2. Sudden inability to communicate or follow commands.
3. Wide-eyed, fearful facial expression (as seen through the mask).
4. Clutching for another diver's regulator or octopus.
5. Bolting for the surface (most common) or other irrational behavior.
6. Withdrawal, trance-like state or catatonia.

At the surface:

1. Head held back and out of the water, gasping for breath (often with the mask off).
2. Arms flailing frantically, as if attempting to push self out of the water.
3. Inability to speak or call for help due to gasping for breath.
4. The panicked diver often does not have the BC inflated and is still wearing weights while trying to keep his or her head above the water.

SYMPTOMS OF PANIC IN DIVERS

1. Tachycardia (increased heart rate), pounding heart, or palpitations (rapid fluttering or throbbing of the heart).
2. Diaphoresis, or excessive sweating.
3. Dry mouth.
4. Tremulousness.
5. Paraesthesias (sensation of numbness or tingling).
6. Chills or hot flashes.
7. Dyspnoea (shortness of breath or feeling that you can't get enough air).
8. Sensation of choking.
9. Chest pain, or feeling that a tight band is about the chest.
10. Nausea, vomiting, or abdominal distress.
11. A feeling of, or actually losing bowel or bladder control.
12. Feeling dizzy, light-headed, or as if you are about to faint.
13. Feeling of unreality (derealisation) or depersonalisation (being detached from oneself, as if observing events from above or outside of one's body).
14. Fear of losing control or of 'going crazy.'
15. Intense fear of drowning, or sudden fear that you are about to die.

ABOUT THE AUTHOR

DAN Member John Yarbrough is a psychotherapist with the University of Texas Medical Branch at Galveston. He has been diving since 1984.

A Poetic Thought from Dr. John Parker (from DAN Doc)

Diving is safe if you follow the rules

Which are easily learnt in professional dive schools.

Knowing your limits as to how you will dive,

Lets you explore, relax, stay alive.

It's only when rules are broke or get bent

That things go wrong to cause accidents,

Or if equipment's ignored or not pre-dive checked,

It may suddenly fail with disastrous effect.

And when you do dive don't go all alone.

Have a dive buddy to stay in your zone.

So be an alert diver and dive to your plan.

If ever in doubt, then always call DAN.

You can read more of Dr. Parker's 'precriptions for life' at

www.thepoetrydoctor.com.au

