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# PREVENTING PTSD: THE VALUE OF INNER RESOURCEFULNESS AND A SENSE OF PERSONAL CONTROL OF A SITUATION. IS IT A MATTER OF PROBLEM-SOLVING OR ANXIETY MANAGEMENT?

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**Abstract.** The accounts of five subjects who survived life threatening experiences without the development of PTSD were examined, focusing on the coping strategies and cognitions described in these situations. The study aimed to determine whether there was a common pattern of response amongst subjects in these situations similar to the cognitive patterns described by the senior author of the previous case study (Ness & Macaskill, 2000) who survived a near drowning experience without the development of PTSD. In the search for common coping strategies all five respondents in the study completed the Locus of Control Scale (Rotter, 1966) and the Self-Control Schedule (Fisher & Reason, 1988). All five respondents demonstrated the use of problem solving as their main cognitive strategy, utilizing specific information from their previous experience relevant to their life-threatening situation. Respondents did not appear to rely on coping strategies aimed at the management of acute anxiety symptomatology. There was no common pattern among respondents in profiles on the Self-Control Schedule or the Locus of Control Scale. The possible implications of this case series study are discussed in relation to opportunities for the prevention of PTSD, the use of debriefing and the treatment of post-traumatic stress.

*Keywords:* Control, problem-solving, post-traumatic stress disorder, information, debriefing.

## Introduction

In a previous publication, we gave an account of the near drowning experience of one of the authors N (Ness & Macaskill, 2000). This case study reported the use of problem solving strategies primarily during the life-threatening experience, with little use of anxiety reduction techniques. N had been able to use his experience of working as a therapist in a special-

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ized traumatic stress clinic to retain a sense of control in the life-threatening situation. Anxiety reduction technique did not appear to be utilized to any significant degree by the author in this situation. In the current study, we sought to explore whether other survivors' capacity to manage life-threatening situations effectively was a function of high level of trait-like variables such as learned resourcefulness or internal locus of control. Alternatively, we wondered if it was a situation specific variable such as specific information and skills relevant to the management of the individual life-threatening situation.

## Methodology

When we published the initial case study we asked if anyone who had survived a life-threatening situation without the development of significant psychological symptomatology would contact the authors with a view to participating in a case series study. Five subjects responded. We asked them to provide a written account of their life-threatening situation including their feelings, thoughts and behaviours during their traumatic situation. Having examined the core description of N's experience, we looked at scales that best further explored this. We then asked subjects to complete these so we could look for any trait like cognitive variable that might be important in determining whether respondents managed life-threatening situations successfully. These scales were the Internal-External Locus of Control Scale (Rotter, 1966) and the Self-Control Schedule (Fisher & Reason, 1988). No further assessment as to the degree of any psychological sequelae was carried out.

## Results

Below are exerts highlighting each of the five subject's approach to managing their life-threatening situation:

### *White water rafting*

> As the water swelled and surged around us, two of our crew panicked and screamed rather than working hard at paddling us through the rapids. The boat suddenly flipped up and everyone was in the water. Fortunately, it came back down the right way up and we all scrambled to get aboard. I had landed furthest away from the raft and could feel myself being pulled away and down by the whirling water. In seconds I was under water and being whisked along downstream by the current. The water was moving so quickly around me and in all directions that I did not know which way was up to the surface. It was all a blur. Then I realised what was happening. I thought of my mum: ''She'll kill me if I die thousands of miles away from home!'' I flashed a wordless prayer heavenwards and tried to think what I could do to take control. I remembered the safety lecture we had had. ''Fold your arms across your chest and point your feet downstream''. So I did this. By now I still had not come up for air and began to feel my body's desperate hunger for oxygen. From somewhere deep in my brain I recalled a physiology lecture. Apparently, the reason people drown when they are submerged in water is that there is a reflex to inspire as carbon dioxide blood levels rise and oxygen saturation falls. This becomes impossible to override and water rushes into the lungs instead of air. I began to concentrate hard on resisting that respiratory drive. For a brief moment my mouth did open but I was able to clamp it shut again after only a few drops of water had entered. At last the flow of water, though still fast, seemed to be

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smoothing out. As it did so my head popped above the surface momentarily and I took a gasp of air.

*Diving*

Due to the sudden decompression [from shooting to the surface very quickly] the small amount of air inside the [diving dry] suit had rapidly increased in volume and the suit was rigidly inflated like a ''Michelin Man''. I found I could not move at all, and when I tried to take a breath my mouth filled with water. I spat that out and realised that the helmet of the diving suit had flooded with water. I decided therefore that I must hold my breath. Having played the saxophone and timed my longest note I knew I could hold my breath for over a minute. My club mates were all within 2 metres of me around the top of the tank, someone touched my foot, I was confident that they would get me out.

*Life-threatening illness*

I developed DIC [disseminated intravascular coagulation] after a huge post-partum haemorrhage. During the actual event I analysed everything closely, demanded to know all the clotting and haematology results, and tried to organize my treatment. I was overruled partly because I was too shocked to be making much sense.

*Threatened with a gun*

I did my job as well as I could [security guard in a night club venue, where a man drew a gun and started threatening people]. I remember considering at the time that I might die and wondering what being shot would feel like. I dismissed the thoughts as unconstructive and concentrated instead on how to pacify the gentleman in question. At no time did I feel I was not in control of the situation.

*Motorway driving*

I was aware of each phase of the accident and I remember the sequence of thoughts I had clearly: must remain calm: I must not touch any of the foot pedals but concentrate on steering my way out of the problem, I must not let my wife's screams or the proximity of the HGV [heavy goods vehicle] distract me . . .

The first three accounts clearly describe the use of a problem solving strategy in which the application of information from previous experience and knowledge relevant to the current situation were applied effectively and appeared to be a prominent component of effective mastery of the situation. The latter two life-threatening situations demonstrate the prominent use of a problem solving strategy without, however, any evidence that information was being made use of from experience to help cope with the current life-threatening situation. Only in the fifth case was there evidence that the respondent was using any anxiety management strategy. However, in this situation it would appear that problem solving strategies were the main component of the respondent's effort to manage his life-threatening situation. The individual results of respondents on the Locus of Control and Self-Control Schedule Scales showed no discernible pattern.

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## Discussion and conclusion

Any conclusions from this case series study have to be tentative because this is a small self-selected group who provided a variable amount of information on their traumatic experience. It is possible that if a sample were drawn from a different population, a quite different description and results may have been produced. However, it is interesting that in this case series, problem-solving strategies are the dominant form of cognitive functioning in these situations. Anxiety reduction strategies did not appear to be a prominent part of coping. Furthermore, subjects used specific prior information and experience relevant to the acute life-threatening situation to help in their life-threatening situation in a way in which it allowed them to feel in control of the situation. To that extent the case series replicates the description of cognitive functioning as described by Ness and Macaskill (2000), which reported the senior author's account of managing a near drowning experience.

The above accounts suggest that use of problem solving strategies allowed respondents to retain the sense of control of their life-threatening situation. This sense of control did not appear to be dependent on pre-existing high levels of internal Locus of Control or high levels of learned resourcefulness. The sense of remaining in control appeared, therefore, situation specific.

Patients who develop PTSD describe intense fear in life-threatening situations accompanied by a sense of helplessness. Each of the respondents in our study described intense fear accompanied by thoughts related to the possibility of dying. However, the use of problem solving strategies associated with a sense of mastery and control would appear to have prevented the development of a sense of helplessness.

The possible implications for the prevention of PTSD are that potential victims of major trauma may be best protected from the risk of PTSD if they have specific information to help them master their life-threatening situation, and they use this as part of their problem solving strategy. In terms of this study's implications for the treatment of PTSD, including early debriefing procedures, it may be that emphasis on the survivor's use of problem solving strategy during trauma as opposed to emphasis on physiological and bodily sensation and catastrophic cognitions might be more helpful.

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