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# CABIN CREW SAFETY

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## **Post Traumatic Stress Disorder (PTSD) Can Linger Long After a Disaster**

*The effects of a major disaster on an individual can impair the normal patterns of life, and therapy may be required to restore a sense of personal control.*

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by

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Post-traumatic stress disorder (PTSD) has been recognized in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) as a diagnostic category only since 1980. Previously, descriptions such as "shell shock" in World War I and "combat exhaustion" in World War II were applied to the symptoms displayed by some servicemen in response to events at the battle front. Experiences of some Vietnam War veterans fostered a diagnostic category to include symptoms of extreme distress that are likely to occur when exposed to a major stressor.

Survivors of disasters such as earthquakes, multi-car au-

tomobile accidents, subway fires, and aircraft accidents causing death and serious injury often experience emotional trauma. The trauma results both from the disaster's dramatic disruption of routine activities, and from overwhelming fear.

The effects of these experiences do not dissipate quickly. As physical wounds might take a long time to heal, so the effects of traumatic experience might persist, perhaps for years.

The most notable effect takes the form of obsessive and intrusive thoughts about the event from which there seems

no escape. These “flashbacks,” during which the event is re-experienced, are characteristically vivid and disturbing. During sleep, the event is re-experienced as a nightmare that might be more horrifying than the original event. Normal patterns of eating, sleeping and digestion are disrupted. Phobias develop. Feelings of guilt and shame lead to depression. Memory problems are experienced. There might be regressive behaviors such as bed-wetting. Some individuals become extremely restless and others become apathetic. Some demonstrate excessive irritability. An inability to control aggressive feelings might culminate in physical violence. There is likely to be social withdrawal from family and friends.

Recent research has revealed an additional dimension of the emotional impact of the experience of disaster — the extent to which survivors experience rage at what has happened to them. Intense anger leads to the need to blame someone for causing the event. It also demonstrates the fear that a similar disaster might involve them.

A fundamental assumption, on which we base our lives, is that the world is relatively predictable and controllable. We assume, for example, that if we depart in an aircraft, we shall arrive safely at our destination. If instead, a disaster occurs, our fundamental assumption about the predictability of the world is shattered. No longer do we see it as a safe and dependable place, where we can control what happens. Previously neutral emotional events become signals of danger because of their association with the disaster. Thus, disaster survivors might live in chronic fear.

## Specific Symptoms Signal PTSD

PTSD may be acute or chronic. If symptoms do not last more than six months, then the condition is regarded as acute; if symptoms continue for more than six months, then the condition is chronic. In some instances, the effects of the traumatic event are delayed and the symptoms of PTSD may not become apparent until six months or more have elapsed. Chronic and delayed PTSD present greater problems both because their effects have become more entrenched, and because as time passes, stressed individuals are increasingly reluctant to seek psychological assistance.

The major criterion DSM-III for PTSD specifies that the symptoms develop in response to a psychologically traumatic event, although not all those who experience such an event will develop symptoms. There must exist a

“recognizable stressor that would evoke significant distress symptoms in almost everyone — an event beyond the range of normal human experience.” It must be distinguished from such life events as bereavement, divorce or severe illness that also are frequently very stressful.

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*... there is evidence that as time passes, stressed individuals are increasingly reluctant to seek help.*

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Another criterion specifies the re-experiencing of the trauma by intrusive recollection of the event, recurrent dreams of the event, or sudden acting or feeling as if the event is taking place again.

Feelings of detachment from other people, or diminished interest in activities that were previously important, indicates a “numbing of responsiveness or reduced involvement with the external world,” and is a third criterion.

A fourth criterion requires that at least two of a number of symptoms are present that were not present before the disaster. These include hyperalertness (an excessive startle reaction), sleep disturbance, survivor guilt, memory impairment, difficulty in concentrating, avoidance of activities that arouse recollection of the event and an intensification of symptoms when exposed to events that symbolize or resemble the traumatic event.

The indirect effects of PTSD on the individual might be significant. Those affected may find it difficult to retain their jobs because of impairment of concentration and memory. In addition to possible financial hardship that may be involved, job loss is also likely to compound feelings of inadequacy and unworthiness. The difficulties of explaining their feelings may lead to alienation from those from whom support might be most expected such as family. This in turn may lead to alcohol and substance abuse as a means of deadening the pain of the intrusive thoughts that the individual is unable to share.

## Survivors and Rescuers Suffer PTSD

It has been reported that PTSD may be as high as 80 percent of those exposed to disaster. The difficulty in estimating the incidence of PTSD is that it is only possible to count those who present themselves for treatment or who respond to questionnaires in the wake of a traumatic event.

Members of fire, police and para-medical services are vulnerable to PTSD. Because death and injury are occupationally encountered by these services, it is mistakenly assumed that they are better able to cope with the tragic consequences of disaster than are the victims.

The expectation that these service personnel will cope successfully with a disaster makes it more difficult for them to acknowledge to themselves that they may have problems. There is an additional factor — their professional commitment to the preservation of life. They may believe, albeit mistakenly, that they have failed in their professional tasks.

Those already suffering from emotional problems before the trauma, or who have been damaged by earlier experiences, might be more vulnerable than those more psychologically robust. The quality of an individual's personal relationships is also likely to affect the outcome. Coming to terms with the experience is more likely to be achieved within a warm, supportive environment than in a cold and hostile one.

When an aircraft accident occurs, its rarity gives an added dimension to the trauma.

After a serious aircraft accident, all the survivors are vulnerable to PTSD. Each group of occupants — the cabin crew, cockpit crew and the passengers — will experience powerful emotions. However, there is a further consideration for the cabin crew. Because the role of the cabin attendant includes a duty of care for passengers and to ensure their safety in an emergency, perceived failure to carry out these duties is likely to result in feelings of guilt and worthlessness, with obsessive thoughts revolving around self-blame for the loss of life that is believed to stem directly from an inadequate and unprofessional performance. Thus, the experience of the cabin crew in a major aircraft accident shares common features both with the disaster victims and with the rescue services.

Training of cabin crew members should explain the emotional consequences of a disaster. They should be reassured that the emotions that follow trauma are expected.

## Emotional Support Aids Survivors

Immediately after the traumatic event, specially trained volunteers and professional counselors should be available who can help survivors to vent their feelings of rage, grief, shock and horror. Volunteer helpers are valued by some disaster victims. They often want only a sensitive and understanding listener who is strong enough to tolerate extreme emotional outburst without attempting to deny the power of the feelings that the victims are trying to express.

Victims need to understand that their feelings are normal for the circumstances, and not a sign that they are inadequate or that they are going crazy. Support groups formed

within an organization whose employees are likely to need help from fellow workers are often effective at providing this kind responsive listening.

The breakdown of family relationships, frequently observed after a disaster, might be avoided if the family members could have access to professional crisis intervention soon after a trauma. The family could be prepared to cope with changes and be a resource.

There are numerous advantages to victims of early crisis intervention. Sleep deficits have not accumulated, dependency on alcohol or drugs has not developed and job-related difficulties have not become crippling. Most important, successful early intervention will prevent the development of more serious and more resistant problems<sup>1</sup>.

The emotional effects of an aircraft accident should not be underestimated. Prior preparation, including employee training, internal support groups and professional counseling, will help restore a sense of personal control in the lives of disaster victims. ♦

## References

1. Duckworth, D.H., "Psychological Problems Arising from Disaster Work," *Stress Medicine*, 2, 315-323, 1986.

## About the Author

*Mary Edwards, Ph.D., graduated with honors in psychology from the University of Bristol, United Kingdom. Following research into organizational structure and function, she was awarded a Ph.D. from Loughborough University of Technology. She taught courses in business psychology and held an appointment as psychologist in a government program for occupational rehabilitation.*

*Subsequent research projects conducted by Edwards in the area of human factors have included studies of robot ergonomics, accidents in the home, industrial safety systems and the design of public transport road vehicles.*

*In 1985, Edwards was joined by her husband, Elwyn Edwards, Ph.D., in establishing their consulting company, Human Technologies. They co-authored the book, "The Aircraft Cabin — Managing the Human Factors," published in 1990 by the Gower Publishing Co. in England and the United States.*



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