

Surviving the Crash: Stress Reactions of Motor Vehicle Accident Victims

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“Shattering glass”... “crunching metal”.... “screeching brakes”... “squealing tires”... “the smell of gasoline”... “the screams of passengers”... “feelings of helplessness”... “being out of control”.... “fearful of death”.... “everything seems to happen in slow motion”. These are examples of some of the sounds and images that haunt survivors of motor vehicle accidents (MVAs) long after the crash.

Motor Vehicle Accidents

Although fatalities and injuries resulting from automobile accidents have decreased from 1970 to 1996 according to the United States Department of Transportation, MVAs continue to account for more than 95% of all transportation fatalities. Likewise, MVAs were the leading cause of death by injury (29%) in 1996. An average of 115 people died every day as a result of an MVA in 1997. In 1998, MVAs were reported to be the leading cause of death for people ages 6-27. Societal economic losses are estimated by the National Highway Traffic Safety Administration to approximate \$150 billion dollars annually (Blincoe, 1996). In light of these statistics, privately and federally instituted programs have improved the structural integrity of highways and secondary roads, made technological advances in the safety of automobiles themselves, introduced legislation in automobile safety (such as seat belt laws), and advanced social reform (drunk driving). Historically, however, scant attention has been paid to the psychological well-being of the *survivors* of these roadway crashes.

Psychological Impact of the Crash

Things are changing! Over the last decade, the psychological impact of being involved in a motor vehicle accident (MVA) has received more and more attention. Researchers around the globe have begun to explore the effect of being in a serious MVA and have begun to generate treatment programs to help survivors deal with the aftermath of the crash. Emergency room physicians are becoming more and more aware of the types of reactions that survivors may suffer and are on the lookout for possible signs and symptoms.

Survivors of MVAs include a variety of different people with numerous types of experiences. The specific role that an MVA survivor had in a crash may impact that individual's particular stress reaction. For example, people who are not at fault in a crash may tend to develop a more helpless outlook. Drivers who have injured another person (regardless of fault), may experience more intense guilt feelings. Research has shown fairly clearly that individuals who are injured enough to require hospital care following an MVA are more likely to develop stress reactions. Less clear were findings indicating that people who were psychologically distressed (i.e., depressed) prior to their accident,

who were frightened and feared they may die during their accident, and who were involved in litigation as a result of their accident reported higher levels of posttraumatic stress (Blanchard & Hickling, 1999).

What has become abundantly clear is that not everyone seems to respond to the experience of an MVA the same way. We all know people who just seem to “walk away” from a serious crash and seem to “get on with their lives”. However, a substantial number of people do experience some sort of stress reaction which negatively impacts their lives at some level. Stress reactions following an MVA can occur in a variety of ways and on a range of severity and longevity. Driving phobia and panic-like symptoms are perhaps the most common stress reactions following an MVA. These types of reactions may include any and all of a number of symptoms and behaviors. For instance, at its extreme, driving phobia may involve avoidance of any driving situation. Lesser forms of driving phobia commonly seen among MVA survivors include avoidance of driving near the scene of the accident or in driving conditions (i.e., rain, snow, nighttime) that are similar to the conditions occurring during the MVA. Many MVA survivors avoid being passengers in a vehicle due to feelings of loss of control. On the other hand, some survivors prefer not to drive and would *rather* ride along as the passenger. Some survivors do not outright avoid these and other specific driving situations, but endure driving in general with great anxiety. They may experience a multitude of anxiety or panic-like symptoms when driving including shortness of breath, pounding heart, hot flashes or cold chills, sweating, shaking, trouble breathing and visual impairment. During such anxiety reactions, survivors may feel as if they are out of control and may fear becoming involved in another MVA.

Posttraumatic Stress Disorder

A more rare and more serious stress reaction following an MVA can include a constellation of symptoms called posttraumatic stress disorder (PTSD). We typically think of PTSD as being associated with traumas such as wartime combat exposure or rape. However, over the last ten to fifteen years, researchers around the world have begun to discover that a certain percentage of MVA survivors develop PTSD following their accident. A research group in Albany, NY found that 39% of the 158 survivors of serious MVAs that they interviewed met criteria for PTSD (Blanchard et al. 1996). An Australian group (Harvey and Bryant, 1998) interviewed 92 hospitalized MVA survivors and found that 25% of them met criteria for PTSD. Thus it appears that a substantial proportion of MVA survivors manifest enough of a stress reaction to warrant a full diagnosis.

What is PTSD? PTSD is diagnosed following a trauma when an individual experiences a variety of stress reactions. These stress reactions that commonly occur in PTSD are divided into three different categories. The first category includes what are called *re-experiencing symptoms*. These types of symptoms involve reliving the emotional experience of the traumatic accident over and over. A survivor may have nightmares about the accident. The survivor may not be able to get the accident out of his/her head and may experience intrusive thoughts about the accident even when not in

an automobile. A person may experience a flashback during which the person feels like he/she is right back in the accident, experiencing it all over again. Re-experiencing symptoms can also include the panic-like symptoms described above. These types of symptoms may emerge when a person is reminded of the MVA, as in a near-miss in traffic.

The second category of symptoms include *avoidance behaviors*. For instance, a person with PTSD following an MVA may persistently engage in efforts to avoid driving and/or driving related activities as discussed above. He or she may attempt to avoid even thinking about or talking about the accident. Many survivors feel very isolated in their experience and do not feel as if others understand what they are feeling and going through. Survivors commonly think, "After all, everyone knows someone who was in an accident. Shouldn't I be over this by now?"

Oftentimes in PTSD, these avoidance behaviors generalize to other aspects of the person's life. A survivor may find him/herself withdrawing from close friends and family members, not feeling able to engage with his/her loved ones in the same ways as before the accident. Survivors may experience an inability to enjoy activities that they normally enjoyed prior to the MVA. An individual with PTSD often experiences a loss or "numbing" of emotions. One may feel as if he/she can no longer experience emotions like love and happiness. Survivors experiencing these types of symptoms typically begin to isolate from those around them and withdraw from social endeavors. As a result, their relationships with family and friends are negatively impacted at a time when they need this support the most.

Finally the third class of symptoms involve what are called the *hyperarousal symptoms*. This category involves anxiety and bodily symptoms such as tension, etc. Such levels of arousal impact one's ability to sleep and may make people feel jumpy and easily startled during waking hours. Physical tension and arousal can also lead to chronic feelings of irritability and short-temper. Survivors may experience a certain difficulty in concentrating or in keeping their attention focused on the task at hand.

The Treatment of Stress Reactions

If you or someone you know have been involved in an MVA and are experiencing these symptoms, you are not alone. The research has shown that MVAs (especially those involving personal injury, ER attention, and hospitalizations) often result in psychological consequences. The good news is that many of those who do develop some stress reactions find that their symptoms remit spontaneously (without treatment) within the year following the MVA. For those individuals who meet the full criteria for PTSD, researchers have found that even this more serious and pervasive stress reaction remits spontaneously in about 50% (Hickling & Blanchard, 1999) of the population. However, this leaves a substantial number of people whose symptoms do not seem to disappear. For these individuals, psychological and/or medical care is often warranted.

Fortunately, there is an ever-expanding literature on the psychological treatment of PTSD following MVAs. The exciting news is that these treatments are very effective

in addressing the sorts of stress reactions we have described above. Perhaps the most support has been shown for what is called *cognitive-behavioral therapy*. This intervention includes a number of components. Patients are generally educated about PTSD and stress and how and why it occurs. Then deep relaxation training is taught to help combat the effects of the anxiety associated with driving and thinking about the accident. Stress management coping strategies may be included. Generally, some sort of exposure to feared stimuli (such as visiting the scene of the accident) is gradually undertaken. Different ways to think about or interpret the accident and future driving situations are taught. Other components may include addressing difficulties in relationships that have arisen since the accident. Well-administered treatments focusing specifically on driving have been seen to radically change people's lives and return them to their level of functioning prior to the MVA.

There are many people out there suffering from stress reactions following MVAs. If this article strikes a chord with you, there is much help available. Your experiences and feelings are very normal and much can be done to help you get back to your self. An excellent reference which more thoroughly explains the kinds of things discussed in this article is a book written by two of the leading experts in the field, Dr. Edward B. Blanchard and Dr. Edward J. Hickling. This book is called *After the Crash*, and is published by the American Psychiatric Association (1997). Also available is a book reviewing the research on stress reactions which occur acutely in the month following the MVA. *Acute Stress Disorder: A Handbook of Theory, Assessment, & Treatment* is written by Richard Bryant and Alison Harvey (2000) and published by the American Psychological Association. For an overview of MVAs and trauma in general, Hickling and Blanchard recently wrote (1999) the *International Handbook of Road Traffic Accidents and Psychological Trauma: Current Understanding, Treatment, and Law*, published by Elsevier Science.

Tara Galovski was born and raised in upstate New York. She received her B.A. from the University of Rochester in psychology. She went on to work in the field as a mental health therapist for a variety of patient populations in Philadelphia. She returned to graduate and received her M.A. and Ph.D. from the University at Albany- State University of New York. During her training as a graduate student, she served as Project Director on an NIMH funded grant. The Principal Investigator on this grant was Edward B. Blanchard, Ph.D., a leading expert in trauma following motor vehicle accidents. This grant successfully demonstrated the effectiveness of psychological treatment on PTSD in a population of motor vehicle accident survivors. Tara has published several papers on PTSD and presented research at numerous professional conferences. Other areas of interest include aggression and behavioral medicine.

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