Psychological Aspects of Scuba Diving Injuries: Suggestions for Short-Term Treatment from a Psychodynamic Perspective

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Dive medicine is described as an area of practice in which psychologists may choose to expand their clinical service and research activities. The author argues that most research studying risk behavior and sports take into account biological, behavioral or cognitive approaches, while ignoring unconscious conflict in risk-taking and injury management. The present paper uses a psychodynamically-oriented, interview-based approach to studying psychological reactions to decompression sickness in three experienced scuba divers. Brief interventions and their outcomes are described.

KEY WORDS: dive medicine; health psychology; sports psychology; decompression illness; psychological reaction to injury.

INTRODUCTION

This research examines the psychodynamics of risk and injury in the cases of three scuba divers. Risk, pain, and injury are normative aspects of a variety of sport subcultures. Athletes in high and low injury sports are socialized to expand definitions of necessary risk, pain, and injury beyond those which are accepted by members of the larger culture (Hunt, 1995a; Young, White, & McTeer, 1994; Curry, 1993; Nixon, 1993). Individuals with certain psychological makeups appear to select "risk sports" which involve "sensation seeking" (Zuckerman, Kolin, Price, & Zoch, 1964) and "edge-work" (Lyng, 1990) such as sky diving, scuba diving, and mountain climbing.

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Some participants in risk sports are conservative in that they avoid pushing the boundaries and obey all rules of safety. Others flirt with danger by expanding formal norms of necessary risk or violating subcultural rules of safety (Hunt, 1995a; Hughes & Coakley, 1991). Sport participants who do sustain injuries typically face feelings of vulnerability, a transformation in body image, and the potential loss of an activity by which they define their identity (Hunt, 1993; Hunt & Clendenen, 1995).

Despite the prevalence of risk and injury among athletes and other sport participants, there are few studies which examine the relevant issues from a psychodynamic perspective. With the exception of works by Begel (1992) and Nideffer (1989), most research assumes biological, behavioral or cognitive approaches which omit consideration of the role of unconscious conflict in risk taking and injury management (see Myers, Bourgeois, Stewart, & LeUnes, 1992; Delk, 1973; Egstrom & Bachrach, 1971). As a result, we have limited understanding of why sport participants engage in competent edgework, push the boundaries of culturally defined "normal risk," panic under stressful conditions, or deny symptoms of injury in ways which compromise their physical welfare.

This study attempts to expand previous research by applying a psychodynamic perspective to explore risk and injury in the case of three scuba divers who got decompression sickness while engaging in recreational (no-decompression) or deep (decompression) diving. The three cases reported are representative of the general clinical issues found in psychological work in dive medicine. Case 1 examines some of the psychological factors which contributed to the injury of Sam, a deep diver who became disoriented underwater and accidentally violated known rules of decompression diving. Case 2 discusses how Anne, an experienced recreational diver, interpreted and managed symptoms of injury when she got decompression sickness while diving off a live-aboard. Case 3 examines the psychological reaction of a woman diver (Christine) to her injury and hospital experience. Christine is an advanced diver who sustained an “unpredictable hit” (Hunt & Clendenen, 1995) while doing a series of shallow dives in which she violated no known rules of safety. The cases are part of a larger interview and fieldwork study of risk and injury among sport divers which was initiated in 1991 (Hunt, 1993, 1995a, b, 1996).

3 The U.S. instructional literature suggests that dives are “recreational” or “no-stop” if they are above 130 fsw [feet of sea water] for 10 min or less because the diver can theoretically make a direct ascent to the surface without the mandatory in-water decompression required by deeper and/or longer dives.

4 Sam's case is discussed in detail in a clinical paper (Hunt, 1996).