

# Peritraumatic fear, helplessness and horror and peritraumatic dissociation: Do physical and cognitive symptoms of panic mediate the relationship between the two?

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## Abstract

The goal of this study was to examine whether panic mediates the relationship between fear, helplessness, and horror (PTSD criterion A2) and dissociation at the time of trauma. The study sample included 709 police officers and 317 peer-nominated civilians who had been exposed to a variety of critical incidents. Participants filled out measures of critical incident exposure, PTSD criterion A2, panic, and dissociation. Results indicate that together, physical and cognitive symptoms of panic completely mediate the relationship between criterion A2 and dissociation in civilians, and partially mediate that relationship in police. These results provide support for the idea that panic mediates the relationship between fear, helplessness, and horror (criterion A2) and dissociation at the time of trauma. The results also raise the possibility, however, that the mediational role of panic may be further moderated by additional variables.

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## Introduction

Posttraumatic Stress Disorder (PTSD; American Psychiatric Association, 1994) is an anxiety disorder that develops after exposure to a traumatic event and is characterized by re-experiencing, avoidance, and arousal

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symptoms. According to a recent meta-analytic study of risk factors for PTSD, dissociation experienced at the time of a traumatic event and shortly thereafter (i.e., peritraumatic dissociation) is the strongest predictor of PTSD (Ozer, Best, Lipsey, & Weiss, 2003). Dissociative reactions include an altered sense of time, out-of-body experiences, feeling as if the traumatic event is unreal (i.e., derealization), not feeling like oneself (i.e., depersonalization), feeling disconnected from one's body, and feeling confused and disoriented. For most individuals, dissociation at the time of trauma occurs in the context of (Bernat, Ronfeldt, Calhoun, & Arias, 1998) or as a result of (Friedman, 2000) high levels of fear, helplessness, and horror, a group of reactions also referred to as PTSD criterion A2.

Despite a growing body of literature linking fear, helplessness, and horror and dissociation at the time of trauma, the exact nature of the relationship between these two variables, and the potential mechanism(s) by which they might be linked are not well understood. Recently, some researchers have speculated that in the context of the intense fear, helplessness, and horror experienced at the time of a trauma, some *vulnerable* individuals may experience heightened symptoms of panic, and that such panic symptoms may in turn disrupt normal cognitive functioning and trigger dissociation (e.g. Gershuny & Thayer, 1999; Marmar, Weiss, Metzler, & Delucchi, 1996; Moleman, Van der Hardt, & van der Kolk, 1992). If these speculations about the mediational role of panic are correct, panic should be associated with both fear and dissociation at the time of trauma (see Fig. 1).

Panic is indeed associated with both fear (Bryant & Panasetis, 2001; Falsetti & Resnick, 1997) and dissociation at the time of trauma (Bernat et al., 1998). There are a number of theoretical explanations for how panic may be triggered and how panic may in turn lead to dissociation at the time of trauma. For instance, according to anxiety sensitivity theory (McNally, 2002; Reiss & McNally, 1985), fears of anxiety/arousal-related sensations—because of exaggerated beliefs about their “harmful” consequences—lead to an intensification of initial traumatic fear reactions in a subset of vulnerable (anxiety-sensitive) individuals, making it more likely for them to progress from early fear/anxiety reactions to full-blown panic at the time of trauma (Bernstein et al., 2005). According to information-processing models of PTSD, panic may lead to dissociation at the time of trauma due to its disorganizing effects on information processing (Marmar et al., 1996).

As the brief review above suggests, several lines of research and theory thus provide indirect support for the mediational role of panic as depicted in Fig. 1; however, there is a paucity of research that directly tests this mediational model. Findings from the only study to date to directly (but partially) test this mediational model in trauma-exposed university students (Bernat et al., 1998) suggest that *physical* panic reactions at the time of trauma do indeed mediate the relationship between peritraumatic fear and dissociation. Unfortunately, no study to date has replicated these findings in other (non-student) traumatized populations nor explored the potential mediating role of *cognitive* symptoms of panic. The purpose of our study was to examine the potential mediating role of cognitive as well as physical symptoms of panic in two trauma-exposed non-student samples (police and matched civilians). Civilian and non-civilian (police) populations differ on a number of variables (e.g., trauma severity and type, gender, personality traits, emergency training) (Brunet et al., 2001; Neylan et al., 2002) that have been found to moderate peritraumatic responses (Koopman, Classen, & Spiegel, 1996; Marshall & Schell, 2002). More to the point, civilian and non-civilian populations may also be expected to differ on a number of psychological traits and processes associated with panic (e.g., anxiety sensitivity), and such differences may determine the extent to which panic mediates the relation between fear, helplessness, and horror and dissociation. It is therefore important to test mediational models of panic in both types of populations.

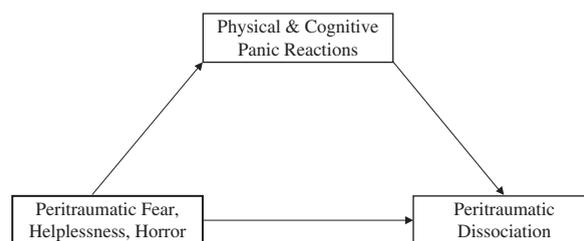


Fig. 1. Mediational model.

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