

Back in the Saddle Again

How to Overcome Fear of Riding
After a Motorcycle Accident

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Second Edition

Bike Psych
P U B L I S H I N G

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Please consult your physician before attempting to use the techniques in this book.

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Foreword

This book is for the motorcyclist who has been in an accident. Whether you were involved in a traumatic motorcycle accident or you are experiencing indirect emotional trauma due to the accident of a friend or loved one, this book is for you.

Before your accident, you may have ridden on- or off-road. You may have ridden primarily as a passenger. You may have raced on the professional or amateur circuit. You may be male or female. Whatever the case may be, if you consider yourself to be a motorcyclist and have been in an accident, this book is dedicated to you.

Moreover, it is my hope that this book will prove illuminating to motorcyclists who have not been involved in an accident but who find it beneficial, rewarding, and interesting to learn about the psychology of motorcyclists. *Back in the Saddle Again* is a first-of-its-kind study into the minds of motorcyclists. This book can also be a powerful and useful guide to help you to manage any fears or anxieties you may have around riding. *Back in the Saddle Again* can also help those who are assisting and supporting post-accident motorcyclists by clarifying the issues that the rider is experiencing internally.

The clinical diagnosis for someone involved in a traumatic accident is often post traumatic stress disorder (PTSD). For the motorcyclist, the emotional effects of PTSD can be devastating. Motorcyclists with PTSD often feel that they have been left with invisible emotional scars that linger on long after the physical wounds have healed. These invisible scars can cause the motorcyclist to experience a whirlwind of emotions.

Often scary, confusing, ambivalent, disquieting, and even embarrassing, these emotions can leave the motorcyclist feeling unable to explain to others the turmoil felt within. And perhaps

worst of all, a motorcyclist with PTSD will typically find him or herself avoiding the very thing they once longed for—riding a motorcycle.

This book is designed to point the motorcyclist who is considering riding again toward the road to recovery. This road is not always an easy one; at times it can be riddled with obstacles. I have mapped out *Back in the Saddle Again* to help you successfully navigate these psychological obstacles. Each chapter is intended to clarify the emotional roadblocks that you have been experiencing which prevent you from enjoying your motorcycle.

With the aid of this book, you will learn how to recognize the symptoms of PTSD, and you will learn how to manage them. You will discover common, psychological issues motorcyclists are often confronted with after an accident. Through case examples, you will become familiar with others who have been in the same psychological state. And should you decide that you want to continue to ride, this book will help you to get “back in the saddle again.”

So without further hesitation, open your mind to full throttle, and meet me at our first stop: Chapter One.

CHAPTER 1

Post Traumatic Stress Disorder

A split second of terrifying realization—the sound of screeching tires—a brief sensation of falling or being thrown—and it’s all over. Sound familiar? Next comes the trip to the hospital emergency room. For some, this trip is only the beginning of a long hospital stay, followed by a lengthy treatment process including physical therapy. For others, the emergency room is a relatively brief encounter. These more fortunate victims of a motorcycle accident may be sent home the same day with casts, stitches, or bandages. Whether the injuries you incurred were serious or comparatively minor, you may have found you have emotional wounds that have gone untreated by all of the x-rays and bandages.

Perhaps your motorcycle accident was the first one. Perhaps it is only one in a series. Maybe you were involved in a collision with an automobile, another motorcycle, or a bicycle. Or you may have collided with an animal or experienced a single-vehicle accident in which you were the only living being involved. Whatever the case may be, you could suddenly find yourself in the grips of PTSD.

According to the *Diagnostic and Statistical Manual of Mental Disorders IV, Ed.* (the diagnostic manual used

by all American mental health professionals, published by the American Psychiatric Association, Inc.), PTSD involves a cluster of symptoms including, but not limited to the following:

1. A frequent sense that you are reliving the trauma. Accompanying this may be flashbacks of the event, which may include hallucinations or intrusive internal visualizations/memories. Often flashbacks occur with a feeling that you are emotionally reliving the trauma.
2. The experience of recurring nightmares or “daymares” of the trauma.
3. Intrusive memories and images of the trauma that seem to haunt you wherever you go.
4. Intense distress over anything resembling the trauma.
5. Avoidance of things, places, situations, and/or people that remind you of the trauma.
6. A numbing effect in which you seem to be absent of feelings, particularly, but not necessarily only, around anything to do with the trauma.
7. Changes in your sleeping patterns.
8. Changes in eating patterns.

You do not have to be experiencing all of these symptoms to be diagnosed with PTSD. However, if you’ve been involved in a trauma, you may likely experience a few of these symptoms. Even a few symptoms are enough to warrant the utilization of this book. It’s best to manage your symptoms now so that they do not begin to spill over into other areas of your life.

Different resources, new research, and various clinicians sometimes disagree upon the number of symptoms a person should have in order to be diagnosed with PTSD. Some of the suggestions in this chapter about PTSD have been adapted from the book, *Post-Traumatic Stress Disorder: The Latest Assessment and Treatment Strategies* (Friedman, Mathew J., M.D., Ph.D., Kansas City, MO: Dean Psych Press Corp, 2000.) In my professional opinion, three or more symptoms usually warrant the diagnosis, provided that at the time of the incident

1. You experienced, witnessed, or in some way had to deal with a potentially life-threatening trauma that involved or threatened death or serious physical injury to you or someone close to you. Or that you were witness to such a trauma to individual(s) unknown to you.
2. You responded to the trauma with a feeling of helplessness, fear, or horror.

It is not uncommon for PTSD symptoms to slip over into areas of your life that are not even related to motorcycling. For example, some people may find that they begin to experience a numbing and/or debilitating feeling around many things in life—for example, work and personal relationships.

Often those who have gone without psychological treatment of some kind can have symptoms of PTSD for years. Often these people have an exaggerated startle response; they are nervous and jumpy over the slightest little thing. In fact, research shows that left untreated, some individuals may never recover from PTSD. (Research of Nazi Holocaust survivors shows that PTSD can endure for a lifetime.)

Statistically, PTSD is considered a public mental health problem affecting millions of Americans. It is

estimated that 8 percent of Americans will develop PTSD at some point in their life. Predisposing factors for the development of PTSD include the following: the experience of childhood trauma; poor health; financial problems; and/or the recent experience of adverse life events, such as divorce and loss of job. And, generally speaking, the greater the trauma, the greater the tendency to develop PTSD.

PTSD can occur within a month after the trauma, or it can suddenly arise up to six months after the incident. For motorcyclists, avoiding motorcycles or situations that involve motorcycles and avoiding riding itself are all common symptoms of PTSD. The degree to which you are experiencing avoidance behaviors is in direct relationship to the severity of your PTSD.

Some individuals find that they are still able to be around motorcycles and even to ride. However, if this is you, you are probably experiencing some degree of avoidance and anxiety around the act of riding. Perhaps you find yourself avoiding roads that remind you of your accident. Perhaps you find you can no longer keep up with traffic. Perhaps you have found yourself riding along and suddenly becoming overwhelmed, gripping the handlebars as your heart pounds rapidly. On the other hand, many post-accident motorcyclists find that they can't even look at motorcycles without feeling fearful or numb.

Often, but not always, motorcyclists with severe PTSD may have virtually no memories of their trauma for weeks, months, or even years after the accident. For some, these memories do eventually emerge. This blocking of the traumatic memory is a psychological protective mechanism. It serves to shield the motorcyclist from memories that are too overwhelming to face.

Likewise, a person who has been seriously injured in an accident but remained conscious may be unaware of

any bodily pain. This numbing of pain may be psychosomatic in origin, meaning it is caused by emotional shock. Some post-accident riders don't bother to go to a hospital due to lack of pain. But pain or not, it is important that the rider does go for a medical exam just in case the lack of pain is psychosomatic in origin.

Recovering memories of the trauma is not a necessity. Sometimes these cognitive blocks dissolve over time. But it is important to realize that even if the memories are never recovered, psychological healing can still take place by dealing with the presenting symptoms. Be wary of using hypnosis or other means to recover memories of trauma. Studies show that our memories can be unreliable. Fact, fantasy, and symbolism can be mixed together, creating what is known as "false memory syndrome." Don't push yourself to remember what your mind is trying to protect from your conscious awareness.

Although there is often a connection between the severity of the accident and the severity of PTSD symptoms, some individuals can develop severe PTSD as a result of a minor accident with minor injuries. This is due to the psychological makeup of the individual prior to the accident. Factors such as past traumas, psychological coping skills, and social support can all influence the degree to which an individual may experience PTSD as a result of an accident.

For individuals who develop severe PTSD (three or more symptoms that are significantly interfering with the individual's life) without having suffered serious physical injury, it is important to realize that emotional trauma, in its own right, can be just as debilitating as physical trauma. Be careful not to buy into the "just get over it" motto. This motto is nothing but snake oil: It doesn't work, never has, and never will. *Back in the Saddle Again* will help you to sort through what you are feeling so that you will be better equipped to manage these feelings.

Another factor which can influence the development

of severe PTSD is the belief or knowledge that another person maliciously intended to cause you to have an accident. PTSD may be less severe if you were involved in a single vehicle accident that was not caused by anyone else. Also, some studies indicate that psychological treatment soon after the accident decreases the risk of developing PTSD. The chapter on debriefing in this book is designed to help with this.

Useful treatment modalities for motorcyclists with PTSD include

1. Cognitive/behavioral techniques (as described later in this book).
2. Hypnosis (also described later in this book).
3. Medically-prescribed psychiatric medications.
4. Educating oneself about the emotional and psychological issues that occur after a motorcycle accident and taking self-directed steps to utilize the psychological information and recovery techniques presented in this book.
5. Getting yourself hooked up with a social support network.

Certain individuals require the use of all five techniques in order to recover from PTSD. However, often the use of cognitive/behavioral techniques and/or *properly* using hypnosis will lead to recovery. For some, simply learning about the psychological issues is enough to help move through them. For these people, education, clarification, and demystification are enough to enable them to self-manage their own psychological recovery. *Back in the Saddle Again* was written to assist you in this way.

If you and your doctor determine that it would be in your own best interest to try a prescribed medication for

PTSD, there is no sound reason not to try this. For individuals who decide to take a prescribed medication, it is important that they do not do so to the exclusion of psychological, hypnotic, and/or educational interventions. This is because it is necessary to develop new psychological coping strategies so that you do not run the risk of your symptoms recurring once you stop taking the medication. If you and your doctor determine that trying prescribed medication for emotional distress or anxiety is in your best interest, then educate yourself about these medications and try not to allow the “social stigma” surrounding medication to interfere with your decision.

While many people don't like the idea of taking a psychiatric medication, it is important to realize that these medications are designed to interact with your brain in a positive way. Anti-depressant or anti-anxiety medications will not change your personality. If taken as prescribed, they will not harm you. What they will do is lift the cloud that sometimes hovers around the post-accident motorcyclist, thereby expediting psychological recovery. It may be helpful to realize that all of our perceptions are in some way affected by chemical reactions in the brain. Therefore, taking a prescribed medication is nothing more than capitalizing on the brain's own natural chemistry.

PTSD is currently thought of by many in the mental health fields as a normal reaction to an abnormal situation. As mentioned earlier, being in an accident doesn't absolutely mean that you will develop PTSD. However, you will likely experience at least some anxiety related to PTSD symptoms.

The mental health community has gained much insight into the diagnosis and treatment of PTSD in recent years. Around the turn of twentieth century, medical professionals called what we now know as PTSD, “hysteria.” They tended to believe that hysteria

primarily affected females and was caused by the uterus. While this is a silly notion now, at that time Western medicine understood next to nothing about oppression, rape, and childhood molestation, which many women who were labeled as hysterics had suffered. Women who suffered from hysteria were frequently seen by the medical community, because there was no place else for them to turn. During that time, psychological counseling as we know it today was in its infancy.

With the occurrence of WWI, and more specifically WWII, the medical community began to see symptoms previously diagnosed as hysteria in returning veterans. Since these veterans were largely men, the medical community realized that a uterus couldn't possibly be the cause of such symptoms. So the diagnosis was changed to "shell shock." During and after the Vietnam War, shell-shocked vets were again seen in large numbers. The diagnosis of shell shock was then changed to "combat fatigue." Today, the terms "hysteria," "shell shock," and "combat fatigue" are no longer used. Post traumatic stress disorder is now the official diagnosis.

Although PTSD has always existed, it wasn't until 1980 when it was formally identified in the mental health and medical communities. We now know that PTSD is caused by psychological trauma and does not discriminate between the sexes.



ABOUT THE AUTHOR

Brenda L Bates has a Masters of Arts degree in Counseling Psychology and is a certified hypnotherapist. Her office is in California. Among other professional specialties, Brenda holds a certificate in post traumatic stress disorder, is an athletic counselor, and is an athletic hypnotherapist specializing in motor sports. As an athletic counselor and hypnotist, Brenda also teaches seminars in sports performance enhancement from a psychological and hypnotic perspective.

Brenda is an avid motorcyclist who has been riding on-road for over 25 years and off-road for over 40 years. Within the past 10 years, she has taken up dual-sport motorcycling. Brenda holds a certificate in motorcycle engine repair which she obtained in order to be able to work on her own bikes. She is also active in animal rescue organizations. Brenda is an ardent reader with a special interest in 19th century French literature. Further, she has had a lifelong interest in the theatre and has written several plays.