Routledge
Taylor & Francis Group

Journal of Loss and Trauma

International Perspectives on Stress & Coping

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/upil20

"A Lot Can Go Through Your Mind in a Split-Second": Survivor Stories of Falling from Height

Ruth Parkes

To cite this article: Ruth Parkes (10 Oct 2023): "A Lot Can Go Through Your Mind in a Split-Second": Survivor Stories of Falling from Height, Journal of Loss and Trauma, DOI: 10.1080/15325024.2023.2267436

To link to this article: https://doi.org/10.1080/15325024.2023.2267436

Published online: 10 Oct 2023.

JOURNAL OF LOSS AND TRAUMA
https://doi.org/10.1080/15325024.2023.2267436

Routledge
Taylor & Francis Group

"A Lot Can Go Through Your Mind in a Split-Second": Survivor Stories of Falling from Height

Ruth Parkes

School of Health, Social Work and Sport, University of Central Lancashire, Preston, UK

ABSTRACT

This paper provides insight into the lived experience of individuals who have survived falls from height. Interpretative phenomenological analysis (IPA) was used to analyze qualitative questionnaire and interview data from four participants and from the author, who is a fellow fall survivor. Overarching themes were "Making sense of the fall"; "Chance and Agency"; "Impact" and "Recover and Reflect." The analysis identified the importance for survivors of developing a coherent narrative to situate the fall within the life-story. Processes of meaning-making and the role of blame, guilt and fault in the construction of accident narratives were also examined. First-hand accounts of physical and psychological consequences for fall survivors provide medical and therapeutic professionals with an opportunity to improve their understanding of and care for fall survivors.

ARTICLE HISTORY
Received 1 August 2023
Accepted 29 September 2023

KEYWORDS
Falls from height; meaning-making; accident; interpretative phenomenological analysis

Introduction

Unlike road traffic collisions (RTCs) (Beck et al., 2003; Granskaya & Ponomareva, 2022; Snyder et al., 1987) and man-made or natural disasters (Coffelt et al., 2010; Stein, 2004; Weick, 1988), accidental falls from height are unexplored in the phenomenological literature. To date, Parkes and McGarvey-Gill (2023) are the only researchers to have attempted to give voice to the lived experience of fall survivors and address the sense-making processes involved. The current paper begins to examine the cognitive and emotional processes involved in surviving a fall from height and how such accidents may affect survivors in the longer term.

As well as constructing personal understandings that incorporate injuries or new perspectives on mortality, survivors of all kinds of accidents unpack the antecedent events so that a theory of cause can be established (Snyder

CONTACT Ruth Parkes rparkes@uclan.ac.uk School of Health, Social Work and Sport, University of Central Lancashire, Eden Building room 326, Victoria Road, Preston, PR1 2HE, UK.

et al., 1987). According to Park's (2022) model of meaning-making, integrating the appraisal of a traumatic incident (situational meaning-making) into pre-existing belief systems (global meaning-making) is essential for recovery. Some theorists posit that severe or long-lasting distress is not caused by appraisal of the stressful situation itself, but by a high degree of discrepancy between those appraisals and the individual's pre-existing sense of themselves and the world (Epstein, 1994; Park, 2010, 2017; Steger & Park, 2012).

Individuals who suffer accidental injuries that affect their day-to day life may experience difficulties adjusting to their post-accident world unless they are able to implement adaptive coping behaviors (Gregório et al., 2014; Nishi et al., 2010). In Stensman's 1994 study, spinal cord injury patients had a range of "Quality of Life" (QOL) scores, with severe pain and feeling they were blameless for their accident correlating with problems adjusting to their new circumstances. This feeling of blamelessness—and by extension the fault of another party for the accident—interferes with survivors' ability to cope with their experience. Indeed, in their study of RTC survivors Bae et al. (2015) found forgiveness to be essential to psychological recovery, with those unable to forgive the person at fault exhibiting significantly worse PTSD symptoms.

Some studies exploring coping in RTC survivors (Beck et al., 2003; DeGraff & Schaffer, 2008; Jeavons et al., 2000) report better outcomes for individuals who confine emotion focused coping (Lazarus & Folkman, 1984) to the initial phase following the accident, and employ problem focused coping in the recovery phase. Studies using the Coping Styles Questionnaire (CSQ) found that the use of avoidant and detachment coping (Roger et al., 1993) was linked to higher levels of distress and adverse psychological outcomes (Bryant & Harvey, 1995; Nishi et al., 2010). In their study of PTSD in survivors of a range of accidents, Hepp et al. (2005) found that while problem focused coping was adaptive later in the recovery journey, it was unhelpful in dealing with acute stress experienced in the immediate aftermath of a serious accident. Neither accident type nor extent of injuries affected the level of traumatic stress experienced, but the person's appraisal of the severity of the accident was linked to greater PTSD symptoms.

While the current paper's primary purpose is to authentically share the stories of fall survivors, it also begins to explore meaning-making attempts made by survivors about their accidents, and the role of coping strategies in their recovery. It also aims to illuminate the fall experience for medical and therapeutic professionals, so that the physical and psychological care of traumatic injury patients may be improved. This involves understanding the interplay between physical injuries and psychological wellness, recognizing that injuries can disturb the survivor's sense of identity or their life goals. The study follows on from an autoethnographic account of the

researcher's own fall from height (Parkes & McGarvey-Gill, 2023) by examining the experiences of four additional fall survivors.

Method

Study design

An interpretative phenomenological approach enabled the researcher to explore a small number of participant accounts and present their idiosyncratic experience through the extensive use of quotes. It also permitted an examination of falls from height through the lens of existing trauma theory, facilitating the double hermeneutic approach important for new areas of phenomenological study (Larkin et al., 2021). Participants were invited to take part in an online qualitative questionnaire with three questions:

- Please describe the circumstances of your accidental fall from height.
- Please describe any medical or other care you have received following your accident.
- Please tell us about anything that has changed for you since the accident.

Participants were then invited to take part in an interview on MS Teams. Questionnaire responses were used to devise a loose interview schedule but in practice, the researcher found that many of the prepared questions were answered organically by participants after asking one introductory question "Can you tell me more about the day of the fall." Interviews lasted between 45 and 120 minutes.

Data analysis

Participant responses were analyzed using Interpretative Phenomenological Analysis (IPA) following Larkin et al's. (2021) suggested procedure. Interviews were transcribed verbatim then read and re-read, with extensive notes made on descriptive, conceptual and linguistic aspects including metaphor, simile, anaphora and use of imagery. These notes were further thematically analyzed and transformed into codes, which were copied onto paper slips and physically grouped and re-grouped until they formed a coherent theme structure. This structure was used to a create a table of themes for each participant, with the resulting overarching themes for each participant being brought together at the end of the process to form a master table of themes. The data that support the findings of this study are available from the corresponding author, RP, upon reasonable request, and the overarching theme table is included at Table 1. Although it was

Table 1. Master table of themes.

Ruth	Malcolm	Mike	Janet	Danny
Making sense of the fall: *Articulating the story of the fall in words and making sense of how it happened.*				
Memory of fall	**Insights**	**Telling the story**	**How did this happen?**	**The Fall**
Shattered narrative	Split-second thinking	Don't think too far ahead	Incomplete memory	Scene-setting
Dissociation	Only fallers know	Time slows down	Temporal slip	The "story" of the fall
Sensory impressions	Blame and fault	"This could be it"	Danger in the familiar	Time slowed down
Critical moments	Time slows down	How long till help arrives?	What if … ?	**Why?**
		Blame	**Making sense of the harm**	Trapped
			Brain-body disconnect	Too late now
			Others' reactions	Blame
Chance and agency*: The role of luck, chance, fate in how the fall happened and the role of choice and agency (such as the extent to which the faller could help themselves) both at the time of the fall and immediately afterwards.*				
Choice and control	**Control and its loss**	**Agency**	**Losing control**	**Agency**
Having choice and control of your life	Complacency	Control	Familiarity breeds complacency	Try to save yourself **Chance**
Loss of control	Powerlessness	Risk-taking	"Careless"	A twist of fate
	Agency	Mistakes	Free-falling	Why *not* me?
	Beliefs about control	Lucky	Accidents happen	Lucky me
		Unable to help self		
Impact: *The psychological and physical impact experienced by the individual and others as a result of the fall*				
Trauma	**Harm and damage**	**Consequences**	**Trauma**	**Impact**
Reexperiencing	Damaged objects	Hounded by press	Terrible injuries	Pain
Triggers	Damaged self	"Plagued" by unwanted contact	Pain	Fear
Physical harms	Panic makes it worse		Psychological trauma	Mental State
Hidden trauma			Family trauma	What if … ?
The unknown			Losing self	Ripple effect
			Long-term consequences	
Recover and reflect*: Coping with and recovering from the consequences of the fall, and perspective changes as a result of the accident.*				
Coping	**Prove yourself**	**Perspective-taking**	**The path to recovery**	**Fighting back**
Humour	Need to push myself or its over	"I've used up all my lives"	Facing the mountains	You're not going to beat me [boss]
Future focus	"Losing my bottle"	**Making life meaningful**	Psychological rescue	Driven by injustice
Use of mental reserves	**New perspectives**	I look forward, not back	Self-directed healing	**New perspectives**
Other coping	Reset thinking about safety	Filling gaps in life	Taking back control	Precious life
Taking back control	Lessons learned		The journey	Mortality
New Perspectives			Coming to terms	Just a job
Post-traumatic growth			The centrality of hope	Empathy
Mortality				**Changed self**
				Lifestyle changes

Main themes are in bold, subthemes in standard text

impossible to bracket off existing knowledge about trauma theory during the initial analysis, deliberate consideration of potential links to theory were avoided until the theme structure and definitions were created. A reflexive journal captured thoughts and feelings throughout the data collection and analysis process.

Ethical considerations

Ethical approval was granted by a university research ethics panel (BAHSS2 0347). Participants were given an information sheet detailing the purpose of the study and the process for withdrawing consent. Each participant signed a consent form and was provided with information about sources of support should they find themselves experiencing adverse consequences. The author was aware of the potential for re-traumatization that could occur when asking survivors of accidents to recount their experiences. The previous autoethnographic study (Parkes & McGarvey-Gill, 2023) was a further safeguard, giving the author insight into the experience of sharing a fall experience in writing and verbally. This, along with the researcher's professional experience in conducting interviews about sensitive topics, ensured the research was conducted in a trauma-informed manner. It was neither possible nor desirable for the author to attempt to separate their own fall experience from the research. Their "insider status" was found to facilitate the research process in terms of generating rapport, trust and openness.

Participants

The study was advertised with After Trauma (a website providing support to individuals who have experienced a traumatic event), Mountain Rescue UK, the European Mountaineering Association and the No Falls Foundation, an organization dedicated to eliminating falls from height at home and in the workplace. The author was included as a participant for this study using the preexisting interview data about their own fall from height (Table 2).

Results

The superordinate themes relating to all participants are shown in Table 1:

Making sense of the fall—storytelling

All falls occurred either during a climbing/scrambling activity or within the individual's employment setting. Participants contextualized the experience

Table 2. Participants.

Participant	Gender	Context of fall	Injuries	Height of fall	Time until rescue	Time since fall
Ruth (author)	F	Mountain (leisure)	3 × spinal fractures including wedge compression fracture, 7 × fractures to radius and ulna, humerus surgical neck fracture. PTSD symptoms.	20 ft	45 min	5 years
"Malcolm"	M	Oil rig (work)	None: temporary weakness in arms	25 ft	Immediate	23 years
"Mike"	M	Mountain (leisure)	Sprained ankle	200 ft	9 h	20 years
"Janet"	F	Mountain (leisure)	Multiple bilateral broken ribs, multiple head/facial injuries, partial scalping, broken teeth, severe lacerations to hands, severe tendon/ muscle damage to legs, dislocated knee. PTSD symptoms	60 ft	Immediate	12 years
"Danny"	M	Roof of house (work)	Bilateral broken pelvis, multiple rib fractures, collapsed lung. Medical error caused bladder puncture. PTSD symptoms.	30 ft	Approx 10–15 min	12 years

in terms of their expertise with the situation at hand: the climbers talked about their climbing credentials while the workers talked about the practicalities of the job they were engaged in. There were intriguing similarities in how participants expressed their experience, such as Danny and Malcolm's reflection that "growing wings" would have been the only way they could have saved themselves from falling. Sunny weather made an interesting appearance in the story of the fall for some participants. The author remembered opening her eyes to a "beautiful blue sky with white clouds" while Danny shared a period of euphoria as he lay close to death, where he too remembered "Opening my eyes again, looking up a beautiful blue sky, not a cloud in the sky." Each participant referred to the shared experience of falling from height they had with the author, and this seemed to positively impact engagement. "Insider knowledge" was particularly important to Malcolm: "Loads of people talk about it [at work], and it's only a small proportion have ever had a fall. So, I've got to listen to people talk about falling who've never fallen in their life."

A fall from height involves a distinct pivot point that separates the "before" and "after" of a potentially life-changing event. Participant recollections therefore offer a fascinating insight into the thoughts and feelings that arose the moment they knew they were falling, and into the elasticity of time during those moments. Malcolm recalled:

> One minute I'm in control, then I'm trying to prevent myself from falling. There's quite a lot going on in that split-second. I realised 'I'm falling now, I've got nothing. I know I'm falling now'. What sticks in my mind is how much you can think about within a period of seconds.

Time also seemed to stretch out for Danny: "I must have been going so fast that I couldn't [grab the ladder] but to me, it seemed quite slow. I think everything goes in slow motion." Mike recalled:

> I remember having time to think on the way down. How long does it take to fall 200 feet? I've done the maths and it's two or three seconds. It wasn't long enough to go into all the various options, but there were only two options, really, weren't there? Surviving or not. And I just remember thinking 'this could end very horribly. This could be it'.

Danny shared similar thoughts of mortality once his fall was over: "I'm thinking 'I'm going to be dead in a couple of minutes'. I thought 'I'll just roll on my back, shut my eyes and just- I'll be dead soon'. I really did think I was gonna die."

Sensory aspects of fall accounts included frightening sounds, such as crashes, breaking bones and screams. Janet could not understand her friend's vocal reaction because at first she didn't realize she was falling: "I could hear her screaming and I'm thinking 'why is she screaming?'" Janet still re-experiences the sound of her body hitting the ground: "I've never got rid of that thud, that impact thud." The author initially recalled only disjointed sensations of her fall, particularly sounds such as bones breaking and the image of her distorted arm flopping across the ground. Memories of the fall were similarly incomplete for other participants, and Danny shared his understanding of why part of his recollection was missing: "When I was falling, I don't remember seeing that wall. I think my mind's blanked it out for me. I think it's sort of protected me." Janet could not make any sense of her fall at the time, and it is still challenging for her to construct a coherent narrative. Blows to the head only increased Janet's confusion, which was extremely dangerous given her position wedged above a precipitous drop:

> I remember people shouting at me not to move and thinking 'what are they all shouting for?' I had a new jacket on, and I spit blood and my teeth fell onto it. I was so confused. I was trying to stand up and I was just really cross that everybody was making a fuss. I was insistent that I could walk off. My legs are pointing in different directions [laughs]. I could see a friend of mine hanging on a crag, and I was concerned he's gonna fall. I was trying to tell him off, but I couldn't actually speak, 'cause my face was split in two so my mouth wasn't forming words. All I could say was 'Fuck. Fuck. Fuck'.

Janet had significant re-experiencing symptoms following the accident and conceptualized the fall only in terms of disconnected sounds (her

friend's scream, the thud of her body hitting the ground) smells (the earth, helicopter fuel) and sights (spitting her teeth onto her jacket, her distorted legs) rather than as a narrative with a beginning, middle and end.

Making sense of the fall—blame, fault and guilt

All participants tried to make sense of how their fall occurred, with blame variously apportioned to themselves and others. The author chose to let go of feelings of blame toward the mountain runners whose failure to stop on a narrow path precipitated the accident:

> There's no point being angry with those people anymore. They wouldn't have wanted it to happen, and I imagine it was horrible for them as well. I don't feel sorry for them having to see it though; I feel sorry for my husband having to see it.

Personal complacency featured prominently in some accounts: Malcolm's fall occurred as he cut a corner between two connected walkways on an oil rig, after having followed the correct procedure dozens of times that day. He fully accepted his responsibility for the fall:

> When you do the same thing over and over, it gets mundane, and that's the exact time you think 'I'll just cut the corner'. Often it's autopilot and that familiarity of doing the same thing that breeds a bit of contempt. And that's how it happened.

Janet described the ridge scramble as being routine despite its reputation as the site of several fatal falls: "I've been across it in trainers in winter, in ice, I've been across it carrying the dog. I've been up and down it in the dark. It never entered my mind that there could be a problem with it." Janet reflected that she wasn't following the basic rules of climbing (having three points of contact at all times), and this was probably the cause of the fall: "When I'm on rock, I say to myself, 'hands, feet, hands, feet, you know? I think about it. I should've been thinking about it then, but I didn't." Janet's feelings of culpability for the accident caused her to carry a lot of guilt about the immediate consequences of the fall: for her friends who became stranded on the ridge and themselves had to be rescued, for their distress in witnessing the fall, and for the resources it took to rescue her, even being concerned about the expense of helicopter fuel.

Danny's feeling of culpability for the fall related to the normalization of unsafe working practices, and he shared significant detail—and palpable anger—about his employer's failure to follow basic safety measures. He recognized that despite having spoken up about dangerous practices, he chose to continue working thinking he could "run out the clock" without having an accident, because he planned to leave the job soon:

> I'm 50% to blame. Nobody could physically make me go up there, I chose to do it. Yeah, it was 'cause of money, I've made my plans. But I *chose* to go up there. But he put me in that situation and didn't do what he was supposed to, so he's 50% as well.

One of the main insights that Danny shared regarding the dangers of complacency was that "You can't be safe in a month's time or two minutes time. It's right now, and it's gotta be all the time." Mike remembered initially attempting to blame slow climbers ahead of him for his fall, but ultimately recognized his own "inadequate belay" caused the accident, after his friend gently challenged him about it: "I was saying, 'oh, if those guys hadn't held us up' and he was saying 'no, no'. What he was trying to say was 'don't blame them for your mistake'! Which is absolutely fair enough." Danny, Mike, and Malcolm all seemed to find comfort in accepting all or some of the blame for their fall, as it helped them to reconcile their accident with their beliefs about being in control of their own lives.

Chance and agency

Personal agency arose in survivor accounts when discussing their ability to exert influence over the fall as it happened, and in their attempts to recover. Malcom saw his choice to cut the corner as the last choice that was his to make before he fell: "Once I decided I'm going to step across that gap, it was just gravity after that. There was nothing I could have done after that." Losing arm strength after the fall, Malcolm was unable to pull himself up. When colleagues above started panicking and accidentally lowered him further into the sea, Malcom took control in order to rescue himself: "I say to one of the guys, 'throw me a scaffold tube down' so they would lower it down then drop smaller tubes down, and I made a ladder for myself, and I climbed back up." Taking control of his situation seemed to help Malcolm resolve the initial loss of agency he felt as he fell. Danny's masculine identity informed his surprise at being unable to save himself:

> I didn't think too much of [the fall at first] because I thought 'I'll grab onto the roof ladder'. That didn't work. I was fit and strong. Really big guy, very capable physically. If anybody was going to be able to grab one of those ladders it was me, but I couldn't. I tried my best, you know?

Danny was astounded at his foreman's suggestion as to how he could have arrested the fall, feeling it was an attempt to place the blame onto him rather than accepting that the fall occurred due to lax workplace safety measures:

> This is how crazy [he] was. He said when I was going down the roof, I should have kicked a tile out - now I'm going down front ways – kicked out, grabbed a tile baton, and I wouldn't have fell. How do you do that when you're going forward?

> How? Your legs are three feet long. How do I kick back as I'm travelling, break a tile, then turn around in mid-air … ? Interviewer: "I think he's mistaking you for Tom Cruise in Mission Impossible" [both laugh].

Prominent in the author's account of her fall (see Parkes & McGarvey-Gill, 2023) was the loss of control and agency experienced in the general ward of the local hospital, in contrast to having been empowered effectively on a specialist trauma ward at a previous hospital. Iatrogenic neglect was experienced as psychologically damaging, creating a discrepancy between the author's self-reliant identity and their physical dependency while hospitalized. Janet shared a similar experience, learning that receiving help was contingent on following the unofficial rules of "good patienthood" (see also Sacks, 1998):

> I asked [nurse] for something I was desperate for. She snapped "I'll get to you". I quickly worked out the system: there was no point asking until it was your turn. I just kept my mouth shut. I had abscesses on my back, and they stopped turning me and my back went really gammy so I was sticking to the sheets. They change sheets in the morning, and I moved wards before the change. In the second ward I said, 'Are you gonna change my sheets?' 'We've already done that'. 'But I haven't had mine changed?'. 'It'll have to wait'. I remember being in so much pain and my back burning. I can't remember ever being washed. I remember being really smelly, my mum coming and me saying 'don't hug me mum because I stink'. I felt really dirty and I'd still got blood and scab all over me.

Such instances of iatrogenic neglect depict a loss of dignity as well as agency for seriously injured patients. Both Janet and Danny spoke at length about attempts to regain their sense of agency during recovery, and for Danny this was about looking after himself rather than relying on others:

> The struggles like putting my boxer shorts on. When I got out of the hospital I ordered two of those leaf grabbers. So I've got these overnight delivery, and I chucked my boxers on the floor and I'd grab them with those and pull them up. I was 30 years old; I wasn't gonna let my parents do that for me.

The author enjoyed being offered the opportunity to wash the parts of her body she could reach and trying to drink unassisted, rather than having this done for her by healthcare staff. By undertaking small, dignity preserving tasks, survivors can start to regain a sense of agency and a modicum of control over their circumstances.

Impact

The physical consequences of each participant's fall ranged from barely being injured to facing lifelong disability, and the extent of injuries bore no relation to the distance fallen. Mike was amazed by how little he was

injured, despite falling 200 ft: "I was on a ward with people who've fallen over from just about standing still on skis and broken a wrist or something. And I had a sprained ankle!" Mike was not seriously physically impacted by his fall and experienced no lasting psychological trauma. However, he knew that his choice to be interviewed about the accident negatively impacted his partner at the time:

> [She] was being doorstepped by the press, which wasn't very nice for her because she definitely didn't want to tick the 'Yes to publicity' box. She was walking the dog and they were sort of – not exactly chasing her down the street, but trying to get an interview from her.

Mike's decision to speak to the press also affected those who rescued him, and for this he felt regret:

> I was a bit foolish in what I said, really. It hadn't occurred to me that I'd actually implicitly criticised them for taking six hours to reach me. I hadn't meant to do that. I had a conversation with [mountain rescue lead] a week or two later and some of the mountain rescue team felt a bit hurt by the fact that I said that.

In addition to the author, Danny and Janet were the two participants whose fall led to significant physical and psychological consequences. Janet remembered taking stock of her body while in the high dependency unit: "I remember looking under the sheets and thinking - I mean, I was a telemark skier - 'I will never ski'. 'How are my legs going to be able to ski? How am I going to run?'" The psychological impact of the fall was substantial; Janet described PTSD symptoms including obsessive thoughts, such as feeling compelled to read about other people's traumatic accidents. She also experienced significant disruption to mood, hyperarousal and visual, auditory and olfactory intrusions: "I remember the smell of the helicopter fuel- for a long time I couldn't fill the car up, with the smell of fuel." The psychological impact was worsened by the approach taken by medical professionals:

> I said 'I really want to be able to run, but both my knees are really bad. Can you operate?' [Doctor] said 'Running's really bad for you. You're 44, just don't run. Give it up'. And that was it. That was when I started to get really suicidal, just … what is the point in life, you know? I was sent home and told 'Just get on with it'. They gave you no hope, no shred of…

A chance meeting with a physiotherapist while Janet was at her lowest point started a process of mental and physical recovery that enabled her to resume most aspects of her previous lifestyle. Being able to go distance running and scrambling does have a continuing impact on her family, who are concerned whenever she is in the mountains:

> I've luckily had a lot of counseling that [husband] hasn't. He sometimes still struggles if I'm out. I have to check in all the time. I don't mind doing that… I

> message them when I've been up the ridge, say 'I'm up here safely' and things like that. I felt guilty that I'd put that on my mum and dad, guilty that I put it on my husband. I felt guilty that I've given my children certain anxieties.

Janet was very upset when talking about the impact of her accident on others, and shared a poignant recollection of how her father may have unknowingly saved her life by actions he took years earlier:

> Mum and dad live at the bottom [of the mountain] and they stood there while I was being rescued. My dad was in the rescue team and years ago … on this ridge, people fall off on the same bit and you get channelled into the same gully. There was a boulder and everybody used to hit it. If you'd survived so far you hit the boulder and you died, effectively. So the rescue team, my dad, rolled it downhill so that if anybody fell they stood a better chance of survival. So my dad was standing at the bottom, saying [sobs] 'she didn't hit the boulder'.

The overall sense of Janet's account was a determination to regain the physical condition she enjoyed before the accident, as if to erase or deny the impact of the fall. While she recovered most of these physical capabilities, her head injuries have caused issues with memory. Janet was embarrassed by being unable to recall names and this, alongside guilt for vicarious trauma in friends and family, has led her to limit her social circle and activities.

The physical impact of Danny's accident was significant, both through the fall itself and a medical error while he was receiving emergency care. Danny described his physical injuries in the third person, as if quoting what the doctor told him at the time:

> 'Where you hit the wall the force of the impact has broken two of your ribs, they've then punctured your lung. He said 'although you've not hit anywhere else, the force of hitting that wall under your arms snapped you in two, both sides of the pelvis. When you've hit that wall, you've snapped sideways': my body snapping, you know, it snaps sideways. He told me I'd broken my right pubic ramus bone and there's blood clots in there from the trauma.

Although Danny does not recall hearing any sounds as he made impact with the wall, it is interesting that he uses the onomatopoeic word "snap" four times in succession, which may be linked to sensations he experienced that are not now consciously accessible. Danny did not seek to blame the doctor who inadvertently caused the injury that now results in significant pain:

> They put in a catheter when you've broken your pelvis and he rammed it in there too hard, too fast and he punctured my bladder. Now apparently this happens quite often in the emergency room because they're trying to save your life, and everything's done a bit hastily.

He chose not to receive operations that could have removed blood clots around his bladder and other organs for fear of losing toileting and sexual

function. He understands that some of the pain he now experiences is the consequence of that choice, while other pain is due to the extreme pressure placed on his lower back and pelvis:

> Sometimes I can hardly get out of bed, I'm crawling to the toilet with this pain. There's no pattern to it, I don't know when it's gonna come on. I can't even describe it. A sharp pain, then it became this blunt pain that's just always there. Obviously I got better at walking. I still use one crutch most of the time. I can walk without them, but it gets sore. If the bladder plays up, I need two, I can hardly walk.

Despite Danny's chronic pain, his overall outlook was one of positivity and acceptance.

Recover and reflect

All participants showed a determination to physically confront the circumstances of their fall. Malcolm recalled volunteering to take on a risky scaffolding job just days after his fall, to prove that he was still able to perform:

> I was conscious I forced myself to say 'I'm fine, I'm going out there and doing it myself'. And it was particularly dangerous, but I just found myself doing it. I thought to myself 'I got no option now because if I don't, that's me [finished]'.

The author decided to climb a mountain on the one-year anniversary of her accident to prove their recovery, but later felt a sense of dread when walking near the site of their fall for the first time, avoiding looking at it directly. In that moment they challenged the sensation and turned to look at the steep drop through binoculars for maximum exposure, and immediately felt a sense of mastery over the location. Janet likewise felt the relief of facing her fears head-on, revisiting the scene of the accident as soon as she was physically able with a friend who witnessed her fall. While Mike was initially determined to resume his old climbing routine, the dangers of climbing were consolidated for him after another near accident: "It was pretty scary. That combined with the earlier experience made me think 'I've used up all my lives here'. [Climbing] is like an addiction, you know? And I lost that addiction at that point." Danny took up the tentative offer from a work associate of standing on the roof of a building while preparing for a motivational safety speaker event. He described this as an opportunity to regain his nerve four years after his fall, having initially developing a debilitating fear of even minimal heights: "I went over to the edge and leaned right over and looked down. It was probably 100 feet. He said 'I didn't think you'd want to do that'. I said 'I'm just trying to get over it. I've done it now, I'm fine'".

New perspectives were expressed by some participants following the accident, including a sense of gratitude: "It's just so lucky that I wasn't

paralysed. I know people [who fell] ten feet that are in wheelchairs. I fell 30 feet." Danny also felt that having a close brush with mortality had fundamentally changed his outlook on life:

> I realise that [life] can be taken from you at any time. What's for you won't go by you. I'm quite optimistic about death. As long as I outlive my mum to make sure she's OK, then when it happens, it happens. I live each day like it's my last, try and enjoy myself as much as I can.

Janet was grateful for her life and upset that she had considered suicide at one point: "If I'd waited on that waiting list [for psychological therapy] I think I really would have killed myself. I find that really hard [voice breaks] 'cause … life is so lovely, and I could have missed out on it." Losing his climbing 'addiction' had positive consequences for Mike's relationship with his partner:

> Before the accident, when I was going for a walk [with my partner] I was thinking 'I wish I was climbing.' And obviously that wasn't a very productive mindset to have. After the accident, I wasn't doing all that sort of angsting about wanting to be on a crag. It made [life] a lot more pleasant because we could just enjoy walking. I was much more content.

For Malcolm and Danny, safety is an integral part of their professional lives, and their awareness of safety has been enhanced by their fall experiences. Malcolm is more attuned to the dangers of complacency on a work site:

> I was running a job and this building was 23 stories. I'm looking round, my guys are not [following safety procedures] they've been up there for so long. I said 'Stop. This is getting so familiar to us; we're not doing the things we should do'. And that stems from what happened to me.

Danny has made a vocation out of motivational safety speaking:

> I love doing it and helping other people. Then there's positive from negative, you know? I say 'Don't be an idiot. Don't do what I did'. If it scares them into being safe, so be it. I've got no problem with scaring people into being safe.

Reflecting on lessons learnt from the accident about what matters most to them in life appears to have helped all participants to move forward positively in their lives.

Discussion

The author's approach to the study design recognized the potential for retraumatisation inherent in asking participants to talk about their fall. Only one participant became distressed in recounting their accident, but overall the act of sharing appeared to be positive. Of note was the effect of participants knowing the author shared a similar experience, and three

participants wanted to talk about this once the interview was concluded. Doing so was an opportunity for the author and participants to demonstrate mutual empathy and acted as a debrief following their own disclosures.

Constructing the fall story: beyond comprehension and toward meaning

All participants strove to comprehend how and why their fall occurred, with concomitant explorations of fault, blame and guilt. Only one participant was unable to put together a coherent fall narrative. In his classic "The Wounded Storyteller," Frank (2013) suggests three types of story that individuals construct to communicate their experience of illness or injury. The "Restitution Narrative" frames the experience in the context of an expected return to the previous state of good health. The "Chaos Narrative" depicts life with illness or injury as something that will never get better, and is often communicated as fragmented thoughts and feelings. The "Quest Narrative" presents the experience as an opportunity to learn and is sometimes framed as a hero's journey. The participants in the study who were seriously injured, including the author, tended to most closely follow one of Frank's narrative structures.

Janet's narrative was clearly one of restitution; the fight to resume the level of physical activity she enjoyed before the accident. Asking her doctor for advice on how to push past the back pain she encountered when her daily run exceeded thirty miles, Janet's determination to recover was absolute. Had Janet been interviewed in the first two years following her accident (before she received psychological intervention), her story is likely to have been shared as a chaos narrative, with more disjointed thoughts and memories interspersed with the emotional distress that was still evident while recounting her accident twelve years later. Danny's account was a quest narrative; part automythology, part manifesto (Frank, 2013). He presented himself as having been reborn, with a clear-eyed view of what matters in life, no fear of death, and with a mission to prevent future accidents. As Danny had recounted his accident many times as part of his motivational speaking, he had a well-established "story of the fall." Therefore it was desirable to probe more deeply into aspects of his experience that did not form part of his rehearsed account. This prompted disclosures about attempts to cope in the early stages of recovery by drinking himself into unconsciousness, a part of his experience in contrast to the preferred narrative of his motivational speaking, which focuses on overcoming adversity and the importance of workplace safety.

Efforts to assimilate or accommodate the fall experience

"Assimilation" of a traumatic event involves making meaning of the situation to allow it to sit comfortably with global beliefs, while "accommodation" requires the adaptation of global beliefs until the traumatic event fits into the individual's mental models (Park, 2022; Thompson & Janigian, 1988), and participant accounts provided evidence of both types of meaning-making. One example of assimilation was finding a reason for the fall that was palatable to the survivor's sense of identity, such as Danny sharing the blame "50/50" with his employer. It has been found that accident survivors whose meaning-making centers on assigning blame wholly to others have poorer outcomes than those who engage in nonjudgmental reflection where self-efficacy is maximized (Bae et al., 2015; Benight et al., 2008, 2018; Cieslak et al., 2008). Therefore fall survivors like Danny who can assimilate their accident by taking partial ownership for it may experience lower levels of distress over the longer term.

An example of "accommodating" the fall was the re-ordering of personal goals, which was evident both for participants who experienced disabling injuries and those who did not. For example, Danny initially feared what the future would hold for him as a significantly disabled person whose only employment experience was manual work, but found a vocation that gives him purpose and a sense of accomplishment. Rethinking the value of his "climber" identity enabled Mike to leave more risky activities behind, instead spending time with his partner and volunteering for a mountain rescue team.

Janet struggled most with assimilation and accommodation of her fall. She had not accommodated the idea of herself as badly injured into her sense of identity, pushing herself to physical extremes. The high degree of discrepancy between situational and global meaning seems to have informed the psychological distress Janet experienced after the fall, namely the incongruity between her sense of self and the reality of the accident: How could she, a highly competent mountain woman, slip and fall from a ridge she knows intimately? The accident was witnessed by people who saw her as one of the most experienced members of the group, and she was rescued by people she knew. This may have been experienced as shameful for Janet, contributing to her inability to make sense of the fact she had fallen and her insistence that people "stop making a fuss" despite her severe injuries. As discussed in Parkes and McGarvey-Gill (2023), a strong sense of self-reliance can both help and hinder recovery after an accident, making helplessness less palatable but providing the motivation needed for recovery. For Janet it caused guilt, despair and a failure to recognize when support was required, enduring two years of PTSD symptoms before seeking

help. It also gave her the determination to push beyond what medical professionals deemed possible to construct a remarkable physical recovery.

Eye-Movement Desensitization and Re-Processing (EMDR) has had significant success in alleviating PTSD symptoms in trauma survivors by aiding integration of the trauma memory (Knipe, 2018; Shapiro, 2012, 2014). By eliciting memories of the traumatic event while the patient is distracted by bilateral movement, sounds or lights, EMDR seeks to facilitate a reduction in the intensity of emotion while negative physical symptoms and beliefs associated with the trauma are processed and positive replacement thoughts reinforced. The author's own experience of EMDR following a fall from height suggests that this method could be useful in the assimilation of fall memories: The process entailed identifying the core distressing belief "I can't save myself" and recalling the fall experience chronologically until a point in the narrative where the replacement thought "I am safe" was reached. This not only reduced re-experiencing symptoms (disjointed sights and sounds of the fall) but also began to repair the discrepancy between the global belief "I am self-reliant" and the helplessness experienced in falling from height.

A note on coping behaviors and resilience

There were indications that all participants engaged in a mixture of coping strategies as they navigated the immediate and longer-term consequences of their fall experience. Problem focused coping (Lazarus & Folkman, 1984) was used by all survivors in their attempts to face fears or eliminate avoidance behaviors associated with either the scene of their fall or the activities surrounding it. Meaning-focused coping (Folkman, 1997; 2008) was also evidenced by the participants who felt their life trajectories had changed, in that they were able to identify positive outcomes resulting from their accidents. There was evidence that both adaptive and maladaptive coping strategies can co-exist following a fall, such as Janet simultaneously using rational coping (avidly pursuing physical recovery), avoidance coping (initially failing to engage with mental health support) and detachment coping (drastically reducing social connections to avoid traumatizing others if she had another accident) (Roger et al., 1993).

The adjustment of participants to their potentially traumatic experience (PTE) seem to align with recognized recovery trajectories (Galatzer-Levy et al., 2018): Mike and Malcolm demonstrated "minimal impact resilience" (having similarly stable physical and psychological health before and after the accident), the author had subsyndromal symptomatology (elevated trauma symptoms but below the diagnostic threshold for PTSD) followed by relatively rapid recovery, while Danny and Janet seemed to have

experienced gradual recovery, where prolonged and significant disruption to their psychological functioning ultimately waned over a longer period (deRoon-Cassini et al., 2010). A more detailed exploration of the coping attempts employed by fall survivors would help to determine connections between these strategies and psychological resilience trajectories, including an exploration of the role of coping, self-efficacy and optimism, as these have been found to correlate with positive resilience and recovery outcomes (Bonanno et al., 2012; Galatzer-Levy et al., 2018.

Conclusion

This small-scale phenomenological study has provided a rich insight into the experiences of people who have survived potentially fatal falls from height. It highlights the importance of moving beyond comprehension to find meaning and significance in the experience for those who are badly injured, as well as constructing a story of the fall that allows the accident to sit congruently within the rest of the life narrative. Experiencing a lack of agency during the fall featured in all accounts, and it was interesting to note the seeming importance of redressing that loss of control. Whether this involved returning to the scene of the accident, resuming the same type of activity or simply encountering heights again, confronting the circumstances of the fall in a managed way was part of the recovery journey for all participants.

Talking about their experience as part of a research project may also form part of the recovery process, and this highlights an important limitation of the study: Self-selecting participants were those who felt willing and able to discuss their accident, therefore the stories of survivors who have not come to terms with their experience are missing. As qualitative research on surviving falls from height is a new area of study, there is wide-ranging scope for additional research. Further exploration of the narrative structuring of fall experiences, the meaning making efforts of survivors, and the coping strategies used to manage the physical and psychological consequences would all be valuable. Larger studies on the impact of accidental falls could be explored using tools such as Horowitz et al.'s (1974) Impact of Event scale. As well as wider studies on survivors themselves, potential areas for future study include capturing the stories of 'near-miss' experiences, those who have witnessed loved ones or colleagues fall from height, and studies exploring the lived experience of those who respond to falls, such as mountain rescue and ambulance personnel. An approach to future research which could potentially provide a rich, multi-dimensional understanding of the fall experience would be to interview both the survivor themselves and significant others, such as family

members or people who witnessed or responded to the accident. As evidenced by the findings of the current study, their experience of the same incident may yield very valuable perspectives.

Acknowledgments

The author would like to thank all the participants in the study for generously sharing their experiences of falling from height.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributor

Dr. Ruth Parkes is a senior lecturer in the School of Health, Social Work and Sport at the University of Central Lancashire in Preston, UK. Her research interests encompass a variety of subjects relating to traumatization including workplace trauma exposure, trauma-informed practice and surviving serious accidents. Dr. Parkes is also a member of UCLan's Center for Criminal Justice Research and Partnerships.

ORCID

Ruth Parkes http://orcid.org/0000-0002-4491-4504

References

Bae, S., Hyun, M., & Ra, Y. (2015). Mediating effects of forgiveness and emotion-focused coping on post-traumatic stress disorder symptoms caused by physical injury and perceived threat. *Asia-Pacific Psychiatry : Official Journal of the Pacific Rim College of Psychiatrists*, *7*(2), 164–172. https://doi.org/10.1111/appy.12142

Beck, J. G., Gudmundsdottir, B., & Shipherd, J. C. (2003). PTSD and emotional distress symptoms measured after a motor vehicle accident: Relationships with pain coping profiles. *Journal of Psychopathology and Behavioral Assessment*, *25*(4), 219–227. https://doi.org/10.1023/a:1025817111293

Benight, C. C., Cieslak, R., Molton, I. R., & Johnson, L. E. (2008). Self-evaluative appraisals of coping capability and posttraumatic distress following motor vehicle accidents. *Journal of Consulting and Clinical Psychology*, *76*(4), 677–685. https://doi.org/10.1037/0022-006X.76.4.677

Benight, C. C., Harwell, A., & Shoji, K. (2018). Self-regulation shift theory: A dynamic personal agency approach to recovery capital and methodological suggestions. *Frontiers in Psychology*, *9*, 1738. https://doi.org/10.3389/fpsyg.2018.01738

Bonanno, G. A., Kennedy, P., Galatzer-Levy, I. R., Lude, P., & Elfström, M. L. (2012). Trajectories of resilience, depression, and anxiety following spinal cord injury. *Rehabilitation Psychology*, *57*(3), 236–247. https://doi.org/10.1037/a0029256

Bryant, R. A., & Harvey, A. G. (1995). Avoidant coping style and post-traumatic stress following motor vehicle accidents. *Behaviour Research and Therapy*, *33*(6), 631–635. https://doi.org/10.1016/0005-7967(94)00093-y

Cieslak, R., Benight, C. C., & Lehman, V. C. (2008). Coping self-efficacy mediates the effects of negative cognitions on posttraumatic distress. *Behaviour Research and Therapy*, *46*(7), 788–798. https://doi.org/10.1016/j.brat.2008.03.007

Coffelt, T. A., Smith, F. L., Sollitto, M., & Payne, A. R. (2010). Using sensemaking to understand victims' responses to a natural disaster. *Northwest Journal of Communication*, *39*(1), 11–35.

DeGraff, A. H., & Schaffer, J. (2008). Emotion-focused coping: A primary defense against stress for people living with spinal cord injury. *Journal of Rehabilitation*, *74*(1), 19.

deRoon-Cassini, T. A., Mancini, A. D., Rusch, M. D., & Bonanno, G. A. (2010). Psychopathology and resilience following traumatic injury: A latent growth mixture model analysis. *Rehabilitation Psychology*, *55*(1), 1–11. https://doi.org/10.1037/a0018601

Epstein, S. (1994). Integration of the cognitive and the psychodynamic unconscious. *The American Psychologist*, *49*(8), 709–724. https://doi.org/10.1037//0003-066x.49.8.709

Folkman, S. (1997). Positive psychological states and coping with severe stress. *Social Science & Medicine (1982)*, *45*(8), 1207–1221. https://doi.org/10.1016/s0277-9536(97)00040-3

Folkman, S. (2008). The case for positive emotions in the stress process. *Anxiety, Stress, and Coping*, *21*(1), 3–14. https://doi.org/10.1080/10615800701740457

Frank, A. W. (2013). *The wounded storyteller: Body, illness, and ethics*. University of Chicago Press.

Galatzer-Levy, I. R., Huang, S. H., & Bonanno, G. A. (2018). Trajectories of resilience and dysfunction following potential trauma: A review and statistical evaluation. *Clinical Psychology Review*, *63*, 41–55. https://doi.org/10.1016/j.cpr.2018.05.008

Granskaya, J. V., & Ponomareva, V. I. (2022). Coping with stress in male and female car drivers after road traffic accident. Психология И Право, *12*(4), 213.

Gregório, G. W., Gould, K. R., Spitz, G., van Heugten, C. M., & Ponsford, J. L. (2014). Changes in self-reported pre-to postinjury coping styles in the first 3 years after traumatic brain injury and the effects on psychosocial and emotional functioning and quality of life. *The Journal of Head Trauma Rehabilitation*, *29*(3), E43–E53. https://doi.org/10.1097/HTR.0b013e318292fb00

Hepp, U., Moergeli, H., Büchi, S., Wittmann, L., & Schnyder, U. (2005). Coping with serious accidental injury: A one-year follow-up study. *Psychotherapy and Psychosomatics*, *74*(6), 379–386. https://doi.org/10.1159/000087786

Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of event scale: A measure of subjective stress. *Psychosomatic Medicine*, *41*(3), 209–218. https://doi.org/10.1097/00006842-197905000-00004

Jeavons, S., Horne, D. D. L., & Greenwood, K. M. (2000). Coping style and psychological trauma after road accidents. *Psychology, Health & Medicine*, *5*(2), 213–221. https://doi.org/10.1080/713690183

Knipe, J. (2018). *EMDR toolbox: Theory and treatment of complex PTSD and dissociation*. Springer Publishing Company.

Larkin, M., Flowers, P., & Smith, J. A. (2021). *Interpretative phenomenological analysis: Theory, method and research* (pp. 1–100). Sage.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.

Nishi, D., Matsuoka, Y., & Kim, Y. (2010). Posttraumatic growth, posttraumatic stress disorder and resilience of motor vehicle accident survivors. *BioPsychoSocial Medicine*, *4*(1), 7. https://doi.org/10.1186/1751-0759-4-7

Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, *136*(2), 257–301. https://doi.org/10.1037/a0018301

Park, C. L. (2017). Distinctions to promote an integrated perspective on meaning: Global meaning and meaning-making processes. *Journal of Constructivist Psychology*, *30*(1), 14–19. https://doi.org/10.1080/10720537.2015.1119082

Park, C. L. (2022). Meaning making following trauma. *Frontiers in Psychology*, *13*, 844891. 10.3389/fpsyg.2022.844891

Parkes, R., & McGarvey-Gill, C. (2023). The ground fell away: An autobiographical study of surviving a fall from height. *Journal of Loss and Trauma*, *28*(4), 283–297. https://doi.org/10.1080/15325024.2022.2119174

Roger, D., Jarvis, G., & Najarian, B. (1993). Detachment and coping: The construction and validation of a new scale for measuring coping strategies. *Personality and Individual Differences*, *15*(6), 619–626. https://doi.org/10.1016/0191-8869(93)90003-L

Sacks, O. (1998). *A leg to stand on*. Simon and Schuster.

Shapiro, E. (2012). EMDR and early psychological intervention following trauma. *European Review of Applied Psychology*, *62*(4), 241–251. https://doi.org/10.1016/j.erap.2012.09.003

Shapiro, F. (2014). The role of eye movement desensitization and reprocessing (EMDR) therapy in medicine: Addressing the psychological and physical symptoms stemming from adverse life experiences. *The Permanente Journal*, *18*(1), 71–77. https://doi.org/10.7812/TPP/13-098

Snyder, C. R., Ford, C. E., & Harris, R. N. (1987). The effects of theoretical perspective on the analysis of coping with negative life events. In C. R. Synder & C. E. Ford (Eds.), *Coping with negative life events: Clinical and social psychological perspectives* (pp. 3–13). Plenum Press.

Steger, M. F., & Park, C. L. (2012). The creation of meaning following trauma: Meaning making and trajectories of distress and recovery. In T. Keane, E. Newman, & K. Fogler (Eds.), *Toward an integrated approach to trauma focused therapy: Placing evidence-based interventions in an expanded psychological context* (pp. 171–191). APA.

Stein, M. (2004). The critical period of disasters: Insights from sense-making and psychoanalytic theory. *Human Relations*, *57*(10), 1243–1261. https://doi.org/10.1177/0018726704048354

Stensman, R. (1994). Adjustment to traumatic spinal cord injury. A longitudinal study of self-reported quality of life. *Paraplegia*, *32*(6), 416–422. https://doi.org/10.1038/sc.1994.68

Thompson, S. C., & Janigian, A. S. (1988). Life schemes: A framework for understanding the search for meaning. *Journal of Social and Clinical Psychology*, *7*(2–3), 260–280. https://doi.org/10.1521/jscp.1988.7.2-3.260

Weick, K. E. (1988). Enacted sensemaking in crisis situations. *Journal of Management Studies*, *25*(4), 305–317. https://doi.org/10.1111/j.1467-6486.1988.tb00039.x