

21 PSYCHOLOGICAL PROBLEMS ON EXPEDITIONS

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“God knows it is just about as much as I can stand at times, and there is absolutely no escape. I have never had my temper so tried as it is everyday now,” wrote Edward Wilson, a Polar explorer, in 1902. You do not have to spend the winter in the Antarctic to share some of the frustrations and annoyances that Wilson was describing to his wife. Expeditions are stressful and cause psychological difficulties for those involved. When organising or joining an expedition ensure that you are aware of the potential psychological disorders as well as the many physical conditions described elsewhere in this book. This chapter outlines steps to take at the planning stage to reduce psychological problems, and describes more common difficulties that can occur and the best way to manage them.

PLANNING STAGES

Start planning for an expedition at least a year before the anticipated departure date. Having decided the main aims and objectives, select a clearly defined leader. Ideally, he or she will have had experience of leading similar expeditions. Enthusiasm, maturity and hard work will, however, go a long way to compensate for lack of experience, but a clear understanding of leadership responsibilities is vital. There are different styles of leadership. Successful leaders understand their own strengths and weaknesses, and do not try to emulate someone else. Lack of confidence frequently results in excessive authoritarianism and subsequent resentment from team members. Confident leaders are able to accept that they are not always right and listen to the views of others, but at the same time make decisions, even if unpopular, when required. Any expedition leader should read a wide range of books about expeditions to develop a sense of the strains that will be imposed on him or her. It is also helpful to study a short paperback on management skills, which can provide useful hints on issues such as time management and delegation. Leaders of any expedition, however small, must appreciate that their lives will be dominated for months, and that their preoccupation will be a trial for people close to them.

Selecting the right team

This is likely to be one of the most vital factors in the eventual success of any expedition. The leader must be closely involved in selection. A formal interview process with the involvement of the leader helps to establish his or her authority from the outset. There are no hard and fast rules for picking the right team and instinct should not be ignored; it is often right. However, some principles should be borne in mind.

- **Background.** Past behaviour predicts future behaviour. Give more weight to what people have done than to what they say they are going to do. Find out about previous expedition experience, and any other relevant experience. Follow up references, and when possible speak to referees, as they may mention things that they have not felt comfortable to put down in writing.
- **Motivation.** Enthusiasm is a vital characteristic in any potential candidate. Look out for people who appear to be enthusiastic about life in general, not just about the proposed expedition. Discuss in detail with people why they want to go on your expedition, and what they are expecting. Ask them what they anticipate finding difficult about the trip, and also what they will do if they do not get selected. Many candidates may have negative reasons for escaping from their normal life, such as leaving a boring job or getting over a bereavement. Such reasons are not an absolute contraindication for selection, but they need to be discussed frankly.
- **Personality.** If there are such things as normal people, they do not go on expeditions. Equally, the perfect expedition person does not exist, and the happiest expeditions are those with a real mixture of characters on them. However, try to select people who have an open and friendly manner, and who are sensitive to others. Self-reliance is another vital characteristic, along with an ability to admit to failings and weaknesses with a smile. The psychological profile of the expedition members needs to be assessed, not so much by a qualified psychologist but by the expedition leader and co-organisers, with common sense and an understanding of human nature. A good psychological balance is what is needed.
- **Mental health.** Lastly, it is essential to ask about any mental health problems. If in any doubt do not hesitate to obtain a medical report from their GP (this will require written consent). Expeditions are not suitable for people convalescing from any mental illness.

Having made your final selection make sure that the group at the very least spends a weekend together before the expedition. This will begin the team building that is vital if the group is to work well together.

Personnel selection is only one aspect of the overall planning, albeit an important one. Attention to detail is needed in all other areas. Conflict and resentment will be re-

duced by ensuring that everyone has adequate equipment, and good-quality food is always a great boost to morale. However, the best-made plans may have to be changed at the last moment, and a degree of flexibility must be kept to cope with the unexpected.

OUT IN THE OPEN

Psychological problems that occur on expeditions can broadly be considered as those that affect the group as a whole and those that primarily affect individual members. These are described separately, but in reality there will always be some overlap.

Group dynamics

Humans are social animals, and are instinctively drawn to form groups with others. This behaviour is accentuated by the isolation and alien environment of most expeditions. As groups of people become more familiar with each other, individual members develop social roles within the group, such as being the joker who lifts morale, or the spokesperson who says what others are thinking. At the same time strong friendships are formed and members develop an intense sense of belonging to the group. This process is helped by joint decision-making and responsibility, as well as symbolic aspects such as expedition T-shirts.

Although being a member of a group is largely a positive experience it does have disadvantages. Intrusion into privacy and personal space can be overbearing, and there can be pressure to behave in a way that makes people feel uncomfortable. Scapegoating is a common phenomenon among any group of people. It can become a serious problem if not dealt with quickly. The leader needs to recognise when it is happening, and step in early to reinstate the excluded member. This can be done effectively by changing the person's role or giving him or her an essential task in order to increase the group's respect and sense of need.

A couple may have a particular problem in a group setting. The bond between them may be resented by other members and result in scapegoating of the couple. Alternatively, one of the couple may get on well with the rest of the group but leave the partner feeling rejected and isolated. The author's experience of couples on expeditions is limited to three male-dominated expeditions; however, on each occasion the woman was left isolated while her male partner integrated with the rest of the group. Anyone selecting a couple for an expedition must be ready for such problems, and the couple themselves need to understand the inevitable stress on their relationship.

Most expeditions have periods of general low morale, and these will be testing times for the leader. If such periods persist without obvious reason one member may be responsible for transmitting their own unhappiness to the entire group. Having one person going around saying "I'm really fed up with this aren't you?" can have a devastating effect on a previously happy expedition. The leader needs to detect if this is happening and try to help the person concerned.

An important role for any leader is to facilitate communication among the team. A formal structure should be in place for information to be shared and complaints to be aired early. This may be in the form of a daily meeting, or may involve maintaining regular radio contact on a more dispersed expedition. It is also important that all the members of the expedition have the opportunity to talk to the leader privately. Good leaders appreciate the importance of listening, and realise that being seen to understand the problems of others is often the only action that is required.

Individual disorders

Psychological and psychiatric disorders are far more common than generally recognised. It is estimated that one in six people will suffer from a formal mental illness at some stage in their lives, and many others will go through periods of great stress, to the extent that they have difficulty coping with their responsibilities. Although people with a family history of mental illness are more likely to be effected, no one is immune. Early adulthood is often when mental illness first becomes apparent, and it can be triggered by some exceptional stress, such as an expedition. If someone has a previous history of any mental disorder, it is essential that an expert opinion is sought, and advice taken, before departure.

Panic attacks

These may occur spontaneously, but are often precipitated by a feared situation. Attacks are characterised by extreme panic, to the extent that people may describe a feeling of impending death.

The panic is accompanied by physical symptoms such as:

- Chest pain
- Blurred vision
- Dizziness
- Tingling of the fingers and toes
- Feelings of extreme breathlessness accompanied by hyperventilation.

Bystanders who have not seen an attack before will be alarmed, and this only makes the sufferer worse. The correct immediate treatment for a panic attack is calm reassurance, and to get the person to breathe in and out of a paper or plastic bag held over their nose and mouth (if a plastic bag is used it must never be put over the head). In the longer term panic attacks usually become less frequent and less severe. If they persist an expert opinion should be sought, and medication and/or specific psychological therapies will be prescribed.

Depression

Everyone becomes miserable from time to time, and this is quite normal on an ex-

pedition. Occasionally, someone may develop a depressive illness, which is quantitatively different. It may follow an infective illness or some other clear trigger, such as bad news from home, but the cause may not be immediately obvious to others, or indeed to the person concerned. As well as a depressed mood and a lack of energy, other characteristic features include:

- Poor sleep, especially early morning wakening
- Loss of appetite
- Mood worse in the morning
- Poor concentration
- Frequent tearful episodes
- Preoccupation with worries and a sense of guilt
- Thoughts of suicide or self-harm.

If all or some of these features are present then the matter must be taken seriously. There is often an understandable reluctance to ask about suicidal thoughts, but embarrassment must be put aside, and the subject broached with anyone who is depressed (around 1% of all deaths are due to suicide, and the proportion is far greater in young people). If they are feeling suicidal they will be reassured by having the opportunity to discuss their thoughts. They may well get better, but if their condition deteriorates, or it is felt that they are a suicide risk, they should be evacuated home.

Acute confusional and psychotic states

In contrast to panic attacks and depression, which are common, acute confusional states, psychoses are rare. Characteristic features include:

- Bizarre and inexplicable behaviour
- Preoccupation with strange and frequently persecutory beliefs
- Hallucinations, either visual or auditory
- Disorientation in time, place and person
- Fluctuations in the level of consciousness.

On an expedition malaria and heat stroke are two of the most likely conditions to cause a confusional or psychotic state. Drugs may also be responsible. Clearly, no member of the expedition should take recreational drugs, and it is important that people do not take local drugs, herbal or otherwise. Occasionally prescribed drugs may also cause a confusional state. For instance, there are some reports of the anti-malarial drug mefloquine (Lariam) causing temporary mood disturbances and confusion (this is rare and should *not* stop you taking vital prophylaxis against malaria). The onset of schizophrenia is another possible cause, but far less likely.

Confusional states may follow head injuries. The onset may be delayed by some days. This is a major emergency, and the sufferer must be evacuated immediately.

Psychiatric medication

Psychiatric drugs should not be a routine part of expedition medical kits, and should never be used by someone who is not medically qualified. However, on expeditions where immediate evacuation is not possible a doctor, experienced in their use, may consider including the following:

- Antidepressants (for example, fluoxetine 20mg), which, although effective in relieving the symptoms of depression in approximately 65% of cases, takes at least 2 weeks to work.
- Anxiolytics/hypnotics (for example, diazepam 5mg). There may be an occasional role for such drugs in the treatment of acute anxiety or severe stress reactions, but they are addictive and their use should be limited to a few days.
- Antipsychotics (for example, chlorpromazine 50mg) may help to settle someone in an acute confusional state, but there is a risk that their use will mask a dangerous deterioration in the patient, and extra-pyramidal side-effects may require the concurrent use of anticholinergic drugs (for example, procyclidine 5mg).

Returning home

If there has been a major disaster or near disaster on an expedition this must be given attention on returning home. During the last decade there has been an increasing recognition of the severe psychological sequelae for many people involved in accidents or near-death experiences. The term post-traumatic stress disorder describes the common symptoms of intrusive thoughts and flashbacks to the traumatic experience, nightmares, disturbed sleep and avoidance of specific situations or places which can follow any traumatic experience. If others have been killed or severely injured, survivors may feel guilty that they escaped, even if they were not responsible for what happened. If untreated these symptoms can persist for years, and result in significant disability and distress. Expert help should therefore be obtained.

Most expeditions pass without disaster. Hugh Robert Mill, once the RGS librarian, described “the fine tradition of British explorers [in] passing over ... little squabbles and jealousies”, and there is no doubt that minor disagreements and personality clashes will soon be forgotten once everyone is back home. However, after the initial excitement of returning, it is common to miss the camaraderie of the expedition; a feeling of anticlimax is an inevitable consequence of a successful trip. Far more attention is given to the process of team building at the beginning of an expedition than to team separation at the end. A responsible leader will recognise that this is a

painful process, and pay attention to the sense of loss felt by the team. Practical steps can include circulating a list of contact details for expedition members to help people stay in touch with each other. An organised reunion a few months after coming home may help (as well as being a chance to chase people up for their contribution to the report). However, the best solution is to start planning the next expedition.