What Can Wilderness Medicine Teach Psychiatry?

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October 1, 2015

Photo: Jim Barnes
Video: Jim Barnes
Green River watershed
The Instructor Team

Photos: Jim Barnes
“Survival psychology (e.g., Laurence Gonzales) relies on rapid assessment and responses to threat made under conditions of extreme stress where there is little time or [the] physiological conditions needed for reflection in the way reflection occurs in psychotherapy.”

James Griffith, MD, personal communication
...the challenge to me to address today...

“Where do the two [wilderness medicine and psychotherapy] meet?”

James Griffith, MD, personal communication
What can wilderness medicine teach psychiatrists?
A. How to camp
B. How to photograph beautiful places
C. Nothing... but it provides great pictures at Grand Rounds
Objectives

• To outline how wilderness medicine and psychiatry are mutually enhancing
• To discuss the impact of wilderness experiences on self concept
• To review stress reactions, personality formation, and group dynamics
Wilderness and “The Self”...
“Things change. Only the mountain abides.”  Jack Turner

“Here all the senses are clear, heightened, and vitally alive; for to reach this summit, one uses the body; and in the face of perceived danger, the senses grow keen, increasing one’s chances of survival. op cit., p.203
“Climb the mountains and get their good tidings. Nature’s peace will flow into you as sunshine flows into trees. The winds will blow their own freshness into you, and the storms their energy, while cares will drop off like autumn leaves.”

John Muir (1838-1914)
What draws us to wilderness experiences?
“For me, and maybe for you too, there is a very real tugging at the soul, a deep-rooted desire to find something, to achieve something, a metaphysical fix of some sort.”

Mike Clelland, former NOLS instructor, “The NOLS Blog,” August 26, 2015, www.nols.edu
Thought and Action in Human Development

**Action as Trial Thought**
- Earliest developmental stage
- Outlined by Freud—action as a way of remembering and repeating*
- Actions convey thoughts that cannot yet be expressed verbally
- Action viewed as negative in early theory of transference enactments

**Thought as Trial Action**
- Explored extensively in psychoanalytic thought
- “Talk and action cannot be separated from each other”*
- Cognitive abilities as maturational milestones
  - Mahler
  - Piaget
  - Erikson

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*Freud, S, 1914, “Remembering, repeating and working through,” SE, 12: 147-156
“In climbing, the source of magic is this—You can’t be bored and scared at the same time. Even though you are standing on sloping holds over thousands of feet of air, eventually you will get bored and try something—anything.

“And then the magic—the mind lets go; the will leaps forward.” [emphasis added]
Jack Turner, op cit., p. 206
Thought and Action in Social Psychology--the work of Brené Brown, PhD*

- Action, thought, and emotion are integrated in the experience of “vulnerability”
- Vulnerability is essential to human relatedness
- Intolerance of vulnerability provokes
  - Shame
  - Impulsive action
  - Disengagement

* Daring Greatly (2012); Rising Strong (2015)
Vulnerability is not---

• Weakness
• Avoidable
• Uncensored self revelation
Photo: Cheryl Bartlett
# Responses to Stress

<table>
<thead>
<tr>
<th>NEGATIVE REACTIONS</th>
<th>POSITIVE REACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Apprehension</td>
<td>✓ Heightened Attention</td>
</tr>
<tr>
<td>✓ Anxiety</td>
<td>✓ Motivation</td>
</tr>
<tr>
<td>✓ Self-doubt</td>
<td>✓ Increased Focus</td>
</tr>
<tr>
<td>✓ Despair or hopelessness</td>
<td>✓ Creative Problem-solving</td>
</tr>
<tr>
<td>✓ Cognitive difficulties</td>
<td>✓ Emergence of Leadership</td>
</tr>
<tr>
<td>✓ Irritability</td>
<td>✓ Increased Collaboration</td>
</tr>
<tr>
<td>✓ Explosiveness</td>
<td></td>
</tr>
<tr>
<td>✓ Anger</td>
<td></td>
</tr>
</tbody>
</table>
...climbers have a prizewinning talent for dissociating from emotion, a quality that is useful in the mountains. It is considerably less useful in relationships.

Jack Turner, *op cit.*, p. 186
“Chronic worriers love climbing mountains---so many things to worry about, most of them fatal.”

Jack Turner, *op cit.*, p. 196
Mental Models, Thought, and Action

• We create mental models to organize experiences
• Each new situation evokes our attempt to fit it to a past model
• If we cannot change models when necessary, we can place ourselves and possibly others in jeopardy

Complementarity of
Laurence Gonzales and Brené Brown

Gonzales

• Emergencies trigger primal emotions
• Models are about coping and are efficient
• Models can enhance or hinder survival
• Flexibility of mental models is essential for survival, engagement, and creativity

Brown

• We are living in an era of repetitive global emergencies
• One emerging societal model is “there is never enough”
• “Never enough” triggers vulnerability and shame
• Shame destroys creativity and engagement
Factors in Personality Formation

Bio/Psycho/Social
is still relevant

Current model is
Bio/Psycho/Social/Spiritual
Models of Personality Formation

- Classical Drive Theory—Ego Psychology or Contemporary Drive Theory*-- we create a sense of self by organizing our drives

* S. Freud, A. Freud, Hartmann, Kris, Rappaport, Brenner, Arlow, et al.
• **Object Relations Theory**—we create a sense of self by organizing our experience of ourselves in the context of an interaction with another person, within an affective “coloring”

• Secure connections with caring “others” provide the foundation for personality development

*Kernberg, O., et al.*

*Life (magazine), June, 1996*
Self Psychology*--we create a sense of self by having an image of ourselves reflected back to us from another person and then remodeling that image in our internal world

*Kohut, H.--the Chicago School; Lichtenberg, J, Lachmann, F, and Fosshage, J--the Motivational Systems School

Photo: Anjali D’Souza, MD
“Wilderness medicine involves standard medical principles provided in a context that requires attention to extended contact time with the patient, environmental extremes, treatment with limited and non-specialized equipment that may require improvisation and the possible lack of communication.”


Photo: Cheryl Bartlett
An Essential Point--

Practicing wilderness medicine means embracing
- uncertainly
- vulnerability
- risk
- and failure
And...

Practicing Psychiatry means embracing
--uncertainty
--vulnerability
--risk
--and failure
Skills Wilderness Medicine Teaches

• To observe
• To listen
• To integrate thought and action
• To lead
• To participate
• To quiet fear
• To be curious, not judgmental
Skills Psychiatry Teaches

• To observe
• To listen
• To integrate thought and action
• To lead
• To participate
• To quiet fear
• To be curious, not judgmental
Looking at that again...
To observe...
To integrate thought and action...
To lead...
To participate....

Photo: Cheryl Bartlett
To quiet fear...
To be curious rather than judgmental...
Where do wilderness medicine and psychiatry meet?
Wilderness Medicine

- To observe
- To listen
- To integrate thought and action
- To lead
- To participate
- To quiet fear
- To use curiosity—critical thinking vs. judgmental responses

Psychiatry

- To observe
- To listen
- To integrate thought and action
- To lead
- To participate
- To quiet fear
- To use curiosity—critical thinking vs. judgmental responses
Three Essential Lessons from the Wilderness—and their relevance to Psychiatry
First:
What happens isn’t personal

- It feels personal
- It affects you deeply and profoundly—very personally

But... it isn’t personal
For Psychiatry--

**Transference**
- Ubiquitous
- Based in prior experience
  - Patterns and models
- Initially unconscious
- The foundation of all relationships
  - At the core of psychotherapy

**Countertransference**
- Based in the therapist’s personal history
- Different from transference responsiveness
- Ubiquitous
- Initially unconscious
- Signal affect information
Second: Many Opportunities, Many Repetitions

What you need to learn keeps presenting itself until you learn it
For Psychiatry—
Working Through

- Action as trial thought AND thought as trial action
- The challenging work of mid-phase psychotherapy
- Participant/Observor function of the psychotherapist
Once you learn something, another level becomes possible.

Third: It isn’t the destination, it’s the journey...
For Psychiatry—
It’s all about the process!

• Repetition as process
• Repetition as mastery
• Not just “the compulsion to repeat”
• Engagement and object relations

• Integration of
  – Biological
  – Psychological
  – Sociological
  – Spiritual
• Levels of consciousness
Wilderness experiences provide clear and immediate feedback about ourselves and our relationships.
Why Wilderness Medicine in 21st Century Medical Training?
21st Century Medicine—balancing efficiency and compassion

• Wilderness Medicine teaches you to listen
  • Focus on letting patients tell their stories

• Wilderness Medicine teaches you to observe and participate
  • Importance of self knowledge for effective practice

• Wilderness Medicine trains clinicians in self care as well as care of others
  • Essential in global medicine and training experiences in remote areas
Wilderness Medicine and Psychiatry

- Both demand personal engagement at the highest level
- Both demand integration of participation and observation
- Both teach us acceptance
- Both teach us to use feelings as valuable input into decision-making
Why does psychiatry need to teach wilderness medicine about group behavior?
Among other reasons—there will be a clown in every group!

Photo: Cheryl Bartlett
Bion: The Psychodynamics of Groups

- Every group meets to "do" something
- Each member co-operates in this activity to the degree allowed by personal sophistication or development
- This is the Work Group

Photo: Jim Barnes
The Work Group vs. The Basic Assumption Group

- **Work Group** activity is obstructed, diverted, and on occasion assisted by other mental activities that share powerful emotional drives and which are unconscious.

- These activities may appear chaotic but can be seen to have a certain cohesion if one recognizes that they are organized around **basic assumptions**, which are unconscious and automatic.
Bion: Three Basic Assumption Group

- **The dependent leader group**—
  - the group meets to be sustained by a leader on whom it depends for growth and protection

- **The pairing group**—
  - the group meets for the purpose of pairing, which will produce a future leader, who will save both the individuals and the group

- **The fight or flight group**—
  - the group meets to fight something/someone or to run away from something/someone
Common Ground for Wildlife Medicine and Psychiatry

- Using our senses as well as our intellect
- Assessing our own state
- Being open to the unexpected
- Engaging with ourselves and our team members
- Evoking the very best and the very worst in each of us
Conclusion

- Wilderness medicine and psychiatry are mutually informing
- Both teach the importance of melding thought and action
- Both reinforce that engaging with ourselves and others is essential for safe, satisfying, and creative experiences, whether in an office or in the wild
THANK YOU

Photo: Jim Barnes