Paul: This is the Paul Kirtley podcast episode one.

Female Voice-over: The Paul Kirtley podcast

Male Voice-over: The Paul Kirtley podcast. Wilderness, bushcraft, survival skills and outdoor life.

Paul: In this episode, I speak to a very special guest, Dr. Sarita Robinson, who is an authority on the psychology of survival. We discuss a range of topic, from underwater helicopter evacuations to whether or not you can screen people to see if they have what it takes to be a survivor. I get a surprising answer when I ask what actually constitutes a survivor situation and Dr. Robinson shares what surprised her when she took a survival course herself and apparently, we are all really bad at the street task when we are stressed. Find out what that is and more in this episode.

Male Voice-over: You are listening to the Paul Kirtely podcast.

Female Voice-over: The Paul Kirtley podcast.

Paul: Hello and welcome. Thanks for joining me on this podcast. I'm Paul Kirtley. You might know me from my blog or my instructional videos or maybe you've even joined me on a bushcraft course or wilderness expedition. If you don't know me, then just a little bit about myself. I've been teaching bushcraft and related wilderness skills since 2003 and it's what I've done as a full-time occupation as a living since 2006. At the time of recording, that's eight years and counting I've been doing this as a full-time living.

I've been lucky enough to work alongside the likes of Lance Fault, Ray Meres, David Scott Donalin and Ray Goodwin. All greats in their respective fields and I'm privileged to be able to work in this field and to be able to earn a living from instructing and guiding. I love sharing what I know with the people. I love adventure. I love exploring wild places and I love been out there in the natural
world learning more about nature, but also more about how to look after myself and my companions while I'm there.

Those are the things that I like to share with other people. I like to share the benefit of my experience, the benefit of teaching these things for many years. You learn a lot from other people as you go both in terms of people you work with but also from people that you teach. Everyone has got something that they can teach you. Everyone knows something that you don't and also everyone has different experiences even in the same circumstances, so you learn a lot from undertaking trips with people.

You learn a lot from teaching people, you learn a lot from people's experience and reactions when they are undergoing various different training programs in the outdoors, from basic through to more advanced programs where they maybe under a little bit more stress, subjected to a bit more difficulty perhaps. The way people react is quite telling and the way that you can then debrief them and give them learning points, then informs the way that you teach things in the future. It's all a big learning process. It's all about learning and I really love sharing what I know with other people.

If you've read my blog at all over at paulkirtley.co.uk, then you'll know that that's what I'm about. You'll know that I like sharing information with people. I like having a conversation with people. I like passing on information to people who will benefit, people who are interested in bushcraft, survival skills and outdoor life.

My blog is in its fifth year now and even though I say so myself, it's building up to be a really useful resource. If you haven't been over there, if you haven't checked it out, I recommend you do go over there. Please go over and help yourself. There is loads of free information there. And if you do read something, if you enjoy it or you find something useful, then please leave a comment. Say hi. It's always good to hear from people. There is really active comment sections underneath each of the articles and videos that's there. It will be great to hear from you. Please do say hi.

In terms of my podcasts, they're going to be an extension of what I'm doing really on my blog. They're designed to share information and experiences with people. The great thing about a podcast and I've been meaning to start a podcast for over a
year now, it's that I'm also going to be able to share valuable knowledge and experience of other experts, people I speak to - interviews, conversations - in a way that's more readily available, readily consumable than I can on a blog. I'm going to be able to share experiences and conversations that I have along the way as I'm traveling, as I'm in various different parts of the world and, again, in a way that would be difficult in any other format, in any other way.

I'm really looking forward to that. I'm really looking forward to getting some feedback from you and other listeners, so drop me a massage via my blog contact page or tweet me @pkirt. That's P-K-I-R-T. I'm always happy to hear from people and clearly, I'm outdoors a lot. I do often have a phone with me but I'm not always looking at it, so if you tweet me, if you message me, have a bit of patience. I will get back to you as soon as I can.

So, as I said, I've wanted to start a podcast for some time and a little while ago I caught with Dr. Sarita Robinson, who is a senior lecturer in survival psychology at the University of Central Lancashire but before I steal too much of her thunder, one of the first things I asked her was to explain a little bit herself, what her background was and what her research interests are and our conversation went from there.

Dr Sarita: Okay, so my name is Dr Sarita Robinson. I'm a senior lecturer at the University on Central Lancashire. I've been researching survival psychology since 1999 when I started my PhD with Dr. Dominic who wrote the Survival Psychology textbook as it were and I did my PhD part-time for six years looking at people going through acutely stressful situations and also looking at helicopter evacuation training and also looking at people doing firefighting, so taking two very acute incidents.

The helicopter evacuation lasts maybe five minutes as the mock-up of a helicopter goes into the pool and people have to swim out either with it inverting so that they have to swim out upside or going straight down where they've got things like windows to deal with and looking to see who does really well at that, who doesn't do so well at that. Also looking to see which parts of the brain are falling over, so looking at different cognitive tests to see what actually isn't working and what is working. For example, one of the studies we did, we looked at procedural memory
and we also looked at visuospatial working memory and we were trying to work out why people couldn't open the helicopter door. Was it something procedural that they were forgetting to do? Or was it some problem with visuospatial working memory? And that has implications for how you design helicopter doors.

What we found was that procedural memory works fine, seemed to be not a problem but visuospatial working seems to sort of inhibition control in particular, which is a part of executive functioning, particularly fell over. And so what that meant was that people who were doing the strip task were not able to inhibit one response to give another response. So in the strip task you get a word, which is usually a color, so the word "red" but it might be written in green ink, so then you want people to not say red, as if they are reading it, but to say green, so they name the color of the ink. What found was that people really bothered doing that.

What we think is happening with people not escaping from helicopters is that they can undo their seat belt fine, they can remember how to open the helicopter door fine if they have had the training, however, they can't inhibit a sort of normal getting out of the vehicle response if they haven't had the training, so it was the most common seat belt that you have every day.

Paul: Yeah, this one here.

Dr Sarita: A car seat belt, yeah. In a helicopter it's a five-point harness, so what we were finding was that people were actually trying to undo the seat belt as if it was a car and not pressing the button in the middle of the chest, but trying to randomly press the sides of the seat and that, we think, is because inhibition control has failed, procedural memory is fine. Underlying that is really we have to train people to open helicopter doors in one way and we have to train them to use the harness so that it just becomes an instant response.

So that's just a little bit of what we were doing with the [inaudible 00:09:02] people.

Paul: That's interesting because I had heard that about people in commercial airliners as well that when they are in situations where they have to evacuate, that some people were trying to do that very same thing rather than do that and undo the waist belt.
Dr Sarita: Because it is just a different thing that we don't normally do, but when we're in time-pressured situations, we fall back on what we call the scripts and the schemes that you've got because we haven't go the time to generate a new behavior.

Paul: Okay, so how do you overcome that then? How do you alter the training then?

Dr Sarita: I suppose it's role learning so that if you are going to find yourself in a helicopter on a regular basis, you would learn that more than you learn the seat belt release. The most obvious thing to do is change it so it's all the same so that you have a proper, you know, harness in the car or you have a proper three-point in a helicopter. I mean, it also has implications for things like helicopter door design. You know, there is 20 plus designs of helicopter door, why do we need that? So what you mean is that every time somebody changes helicopter that they're having to remember a different way of opening a helicopter door whereas if you had it just the same, then you wouldn't have that problem.

Paul: Right. So is it really just a matter in that case of just having greater number of repetitions in terms of overcoming the other reaction, is it?

Dr Sarita: I suppose the military have known this for a long time because they talk about skills and drills, so they almost, you know, we talk about going into autopilot to complete something. If you've got that behavior already written, you don't need to take the time and the energy and the processing that might not be there to generate that. You can just draw it out of your long-term memory when you get the right cue and it happens. I suppose it's thing like, you know, driving a car. The first time you get in a car and you're having your first lesson, it's a bit of a nightmare, isn't it? You can't remember which mirror you're looking in or what gear stick or what handbrake to take off when, but then after you've done it so many times, you do it without thinking. You just go into auto pilot and before you know it, you're setup and you're down the street.

Paul: Yes. Now I read Dr. John Leeches' book many years ago in fact. It was featured in one of the Ray Meres programs many years ago and I sort out his book and I read it and I found that very interesting. In some ways it is quite an academic
book, but otherwise it's kind relatively accessible I think anyway. How have things moved on in terms of survival psychology since Dr. Leech wrote that book?

Dr Sarita: That book was sort of an accumulation of a lot of years of work but now it's quite dated because it's 1994 and there has been work since but it hasn't really made it to a wider audience. John Leeches has written a couple of papers looking at something called cognitive paralysis, which is the idea that we have fights or flights but we also have freezing and so that in certain survival situations, we do get fight or flight but there are another group of people who will just freeze and he goes into the psychology of why that might be happening.

He's also written a paper on cognitive dysexecutive syndrome, which is his new paper of last year, I think, in the Journal of Space Aviation and Environmental Medicine. I'm sure we have all subscribed to it. It has actually won awards for looking at what there is that happens on a sort of cognitive levels, which is the idea of modeling level as to what's going on in the brain. I think the idea is that we're going to bring that forward in the next six months and start to look at the biological and depending. So what is it that is changing in sort of a neurochemical level that's causing the behaviors that we see with dysexecutive syndrome.

It's all happening but probably sort of tucked away in academia at the moment. John basically needs to do an update to his book and he better get on with it because otherwise I [inaudible 00:13:25]

Paul: Well, I look forward to it from either of you. They've been a few more sort of populist books. Certainly, I read one from America, I don't know if you are familiar with it by a guy called Gonzalez...

Dr Sarita: Is that Deep Survival?

Paul: Deep Survival, yeah, and I read that and I found a lot of it really interesting, but I also thought some of it was quite speculative in the way that it is phrased and posited and I thought what was interesting about it was how he kind of synthesized areas of psychology, areas of, I guess, the way dynamical systems behave, the way that people who are high performance behave. You know, he uses the examples of pilots a lot because he was a pilot, his father was a pilot. I just wondered what your
view in more of an academic cycle just what your view of those sorts of books were or any of the points in there if you're familiar with it.

Dr Sarita: I thought the book was actually very good and it's written in a really nice introduction level and it makes a lot of interesting points. It's just that you then have to go away and research those in a little bit more detail to get the sort of full reasoning behind them and some of the things that he mentions, we don't know the answers to, so, you know, been asked a lot about can you screen people? Can you spot somebody who's going to be a survivor before something hits? And the answer is no. We can have a few good guesses. There might be some things that are going to give us hints, but really until that situation hits, we don't know how people are going to behave.

Yeah, I think some of the stuff might be quite speculative in his book, but then that's because the science isn't really there.

Paul: Yeah, interesting. I'm always interested because there are kind of certain givens in survival. You know, you get the survival manuals and survival handbooks and they often have certain things in them particularly with respect to how you should behave in certain circumstances and some of the classics are like: stop, think, observe, plan. Are they still valid, would you say? Or should they be modified? You know, having that sort of checklist, is that a sensible thing for people still to be teaching and still to be thinking about or there are better ways of organizing yourself before you act in those sorts of situations?

Dr Sarita: I think all those manuals give really good advice. It's really whether you can follow the advice that they are giving because it's all very well to say you've got to find shelter, water and food, but really, if your brain started to fall over because of the situation, because it's really high pressure, because you're already dehydrated, it's about been self-aware that you may not be functioning at a level that you would usually function at. There's a lot of problems that people can go into denial. So although they've got the survival manual which says they should do X, Y, Z, they didn't do any of it because they just then don't believe that it is really happening to them and they can't be as bad as that. No, that's not the case. You know, that explosion didn't happen. It was just a little bit of a thunder on doors, and they're going to try and discount the evidence. So you've got a lot of sort of denial
behaviors that can go on and stop people than doing the stuff that they might've read would be a good idea to do.

The other thing that you get is people not being able to do the stuff because really they've already started to get really anxious and then their neurochemistry is changing and they might sort of start feeling a little bit hopeless or going into like learned helplessness so they can't do anything to help themselves and so you've got a lot of people that maybe should be doing stuff but just sit around doing nothing. There's a lot of criticism out there for people that, you know, just sat around till they died who are being mentioned in autobiographies of other survivors and things, but really there's a huge crash happening internally on some sort of neurochemical level that we don't fully understand that could well be explaining a lot of guys behaviors.

So I think in survival situations it's really important not to criticize somebody for not doing what they need to do just to survive because it might be that they just don't have that cognitive reserve needed to keep going that other people might have developed or just be lucky enough to be born with.

Paul: Would you say that training in terms of if you're used to going without food or you've done training where you've had to forage for food and you haven't had the normal sort of sort of calorific intake that you normally have. Does that experience put you at an advantage if you are put in a position where you have to rely on yourself?

Dr Sarita: Absolutely, and the way that it puts you in an advantage is confidence because it gives you the confidence and if you have that confidence, you're not going to be as anxious and so you're going to know that you're going to be - you know, that experience gives you the confidence to know that you can handle this. That it's not going to be a problem. Also, it gives you the awareness of what is relatively a problem. When I did a survival course, one of the things that I didn't realize was just how quickly I got dehydrated.

Paul: Yes.

Dr Sarita: Yeah, and people in the Western world just do not understand how quickly you get dehydrated literally within 12 hours and I was suffering big time
because I had done lots of walking and lots of limping, bit of shelter around and all these things and then somebody is like, "Oh, there is no water? Okay, that little bottle of water, oh it's gone, right? Okay, now what do we do?" And that it's so hard then to find a reasonable water supply because it's the middle of summer and it's hot and I was cross and mood starts to swing and then cognition slows down and all you're thinking about is the water and so you're more likely to make the slips of sort of everyday attention.

So that's another thing to bear in mind that a slip in a town center or at home isn't a problem, but the same slip in a survival situation can be a problem. So if I lose my penknife, I'm in the middle of the town center, what does it matter? When I lose keys and I'm at home, what does it matter? But if I'm in a survival situation and I lose an essential piece of kit or I drop my knife in a river, that potentially is the difference between life and death. So it might be just an everyday slip of attention but in that survival situation it's a really important one.

Paul: So the effects are magnified?

Dr Sarita: Yeah.

Paul: I mean, we sort of bandy that we're going - we use the word survival situation, and the press uses the word survival situation, you know, you used the word survival situation, but is there any sort of formal definition of what a survival situation is?

Dr Sarita: It's interesting because it's really subjective and people going and get like post-traumatic stress disorder from things that you would not expect them to get PTSD from, while other people can sail through things because they've not labeled it as a survival situation, so they've not been traumatized by it so much. For example, you can get post-traumatic stress disorder from things like having a flu.

Paul: Well, really?

Dr Sarita: Yeah, because people get really - you know, they label it as being life-threatening event whereas other people can be in a bombing and they come out of it unscathed psychologically because they just went, "Oh, yeah. There was a bit of bad noise and there was a few bits of building falling down but you know, I was going to be fine." It's really subjective what a survival situation is. I mean, to me
it's any case where there was potential for life-threatening or more importantly, the person perceives that there was going to be a life-threatening situation appearing. A lot of the cities, I do at the nautical college, people say, "Oh, yeah, but it's simulated. You know, if you go through underwater helicopter evacuation escape training, but it's not a real helicopter crash."

Yeah, but if you see some of the guys, you wouldn't say to them that it wasn't life-threatening because some of them are poor swimmers. They've never done it before. They don't know what their limits are. They don't know whether they're going to be able to cope with it and then till we get the really, really nervous ones, who for them it is a life-threatening situation. Then we get the diver who are doing offshore diving and they think it's like just a walk in the park. So we've got the same stressor, but two completely different interpretations of it.

Paul: Going back to what you said before about denial being one of the ways that people react to situations. Now, clearly if you like playing crashes in the bush or you're in an helicopter and it crashes in the North sea or you're out in the winter and you fall through ice, that's a very black and white situation where you've gone from being okay and everything being normal to being in a situation that you're suddenly thrown into very abruptly but it's very clear that the state has changed.

I read a lot of stories about people who get into difficulties in the outdoors, typically hikers but even mountain bikers and canoeist who it's a series of small things which takes them to a point where then there is some sort of greater threat. Maybe they do become dehydrated over a period of time, maybe they become cold through exposure to the elements or they don't wrap up properly when they stopped and then they get progressively colder, they don't feed themselves on a cold day and they're cold and wet and so it's a series of things. Has there any work been done to look at what point do people in those situations realize... do they ever label it as a survival situation or is it just a difficult? Because it is very clearly different to... you know, the classic in survival manuals is always, yeah, you are in a plane crash and I mean, a lot of survival manuals are based on military training as well where there is a mission, there are doing something.

But then something happens and then the mission is compromised either because the plane is shot down or the plane crashes or the sniper team are bumped behind
enemy line or the recon team are bumped behind enemy lines. You know, there is a very clear moment to which it's like, "Right. Okay, now we kick in our seal training or now we kick in…" But a lot of manuals that are read and even aimed at the general public are also kind of still couched in the same sort of terms, you know?

Dr Sarita: Yeah.

Paul: Or in terms of, it's the same sort of thinking but my perception is that a lot of people who are out in the outdoors for leisure purposes, those that get into difficulty, unless they've slipped and broke an ankle or something, they typically don't get into trouble due to one thing that just goes from state A to state B. It's a slow transition and therefore maybe they don't even realize that things are getting bad.

Dr Sarita: I think that is a good point that you can wander off into the woods or maybe you lose your map or something and then okay, you've missed a couple of meals now and it's getting dark, it's cold. What I would say is that every little thing that's sort of adds in, so you're cold and you're hungry and now you're dehydrated, it can impact on your decision-making because your cognition isn't working as well as it could, so it's a bit like a circular loop back isn't it?

Paul: Yes.

Dr Sarita: And then that takes you even deeper, so now you're hungry and cold, so you've now headed off in the wrong direction because you've not remembered your natural navigation and then you back around again and okay now you're tired as well and so you might then get to the point where you stumble, so it can be a very progressive thing. I do think some people do have that wake-up moment where they go, "Oh, actually, this isn't a picnic any more. I'm in a bit of trouble at this point." But usually the slow ones that can make it quite hard to spot.

Paul: Would you say there is an advantage to sort of having a word with yourself and saying, "Look. You know, things are not so good now. I need to tighten up or I need to take stock or I need to..."

Dr Sarita: I think a lot of internal monitoring needs to go on, sort of… if you're doing it at all times. I know of a teenager and he can get, as all teenagers do, quite
grumpy at times and stuff in such cases where I go, "Look, mate. Do the top down. Where are you up to? Are you hungry? Are you tired? Are you thirsty? Let's tick off the big things." And he'll go, "Yeah, I forgot to have breakfast." "Right then. That's probably why you are a bit grumpy. Go and have some breakfast." He probably have me as a terrible woman. It really is just that self-regulation, to be self-aware.

The thing about doing sort of survival training is that in the modern world we don't really have a test ourselves so we don't really know what our limits are, so you don't really know. You know, for me, I realized quite quickly over survival training that water was quite essential and I didn't do very well and the tiredness really had a big impact on me, but hunger not so much. I was able to… you know, but some people get hungry really quickly and get huge drops in blood glucose, but I didn't do so badly with that. That seemed to go okay and that was quite nice to know. Actually, I can kind of do two days without food. It's not a major issue and that gives you then the confidence that if it was ever to happen again, okay. Get the water sorted but actually, I'm good for a couple of days after that. Without that knowledge, you would start to worry a little bit sooner, I think.

Paul: Indeed. Is there an interplay between physical fitness and how people are able to cope with those things? You know, people often assume that if you're fit, then you'll do better in a difficult situation than not. Clearly, there is a psychological advantage if you're confident in your fitness, then there is a confidence that you can physically deal with whatever is thrown at you perhaps. Are there any other benefits? Is there a clear link there? If there is no work being done on it, then say so because I don't know for myself.

Dr Sarita: Yeah, I'm just thinking but I think physical fitness obviously is going to give you the edge in things like shelter building. You're not going to get as exhausted and as tired and so that's going to be an advantage. But if you've got somebody who is ultra-lean endurance athlete, that's not going to be so good from the sort of having a bit of stored calories available to you. I think there's probably a nice balance somewhere in the middle. But survival, a lot of it, isn't about physical fitness. It's just about the sort of mental fitness that goes alongside that. Because I'm not the fittest person in the world, but it's that determination that, you know, things are really hard. I really just want to sit down but actually, my wood supply
is a bit low. I need to go and get some wood or else I'm going to be in big trouble. And the perseverance to sort of keep on going in those situations, I don't think comes from how big your muscles are.

Paul: No, not at all and I would completely agree with you. I was just interested to hear your opinion because I've run courses where people have very limited calorie intake from the first few days. They're doing physical things and swimming across bodies of water and various things, and then they're put into more of a survival situation where they've got very limited equipment and they have to build a shelter, they have to find water, they have to light fire by friction, they've got no means of lighting fire other than that, which in itself is physical. And, yeah, it's quite interesting to see, you know, there's some very big macho blokes who don't cope with that very well at all and then there's some very slight people of both sexes who deal with that very well indeed.

Dr Sarita: Yeah, one of the things that I'm hoping to do a bit of research on in the future is gender differences in survival situations, because the majority of the work, at the moment, is male-orientated. There is very few studies looking at women in survival situations, which is odd because over 50% of the population are females, so we're going probably be in survival situations at some point as well as males. You know, I have a son and a daughter and the assumption is that my son is going to follow in my footsteps and do lots of outdoor, bushcrafty type things.

Paul: You know that's interesting.

Dr Sarita: Yeah, there is a perception that he's going to go out and do stuff. Whether that's true, I'll let know, but my daughter is currently forging her own act so I'm thinking probably not.

Paul: Do you think that a lot of the research has been done on males simply because a lot of the research has been to do with the benefit of the military?

Dr Sarita: Absolutely, yeah. Even my staff are doing work [inaudible 00:30:51] college people going through to here, I think in the eight years I've been there, I've had three women, maybe four, but when I've been there, so they must get a couple a month and then the rest are blocks, so yeah, it seems to be the sort of more high-pressure situations are very male-dominated. But with the survival training I did,
there were some physical elements to it such as carrying the fire wood or putting the shelter together but not that much really. A lot of it was going out and gathering food or making fishing nets and that sort of thing, which sort of equally able to do on sort of a physical level.

Paul: Yes. Absolutely. So going back to a more civilian realm, what was interesting I was reading more about the Hudson, the ditching when the pilot...

Dr Sarita: Oh, yeah.

Paul: ...and what was interesting to me was how few people did what they were told to do in terms of leaving the plane with life jackets and so on. This is interesting because clearly, we've all been on planes and many people travel regularly. We've all seen the talks at the beginning, you know, the safety briefing and they show how to… and each airline is slightly different. You know, different airlines have different fastenings on their life jackets and what have you, but again, going back to what we talked about the helicopter doors and we have… to think they would be a standardized one that the aviation authorities could agree on and all airlines have.

But, you know, we've all seen those things lots of times. We know there is a whistle, we know there is a light, we know we need to find the nearest exit and all those sort of things and yet I think it was only three or four out of the hundred and odd people on that plane that actually managed to retrieve life jacket at the time they needed to. Some people went back in for one after they had been out on the wing, other people went back in and got several for more than one person.

I just kind of find it interesting. Do you have any thoughts as to why that might be the case? We think about survival situations in terms of being in the woods, something in a canoe trip, or something, but, you know, we all drive cars every day. We take planes multiple times a year. Many people go on holiday. Many people take business trips. Those are probably some of the most dangerous things that we do and yet we don't really think of them as potential survival situations. Should we be changing the way that we view all of those things?

Dr Sarita: Generally, people don't like to think about dying and death and things like that, so it's psychologically protective in a way to pretend that every time we
get in a car, we don't have a potential to die but if we started doing that, I suppose it would be quite tiresome really. You know, it's like, "Okay, today we might die because we're driving to work," so there is a balance that needs to be sort of reached. In my car, obviously, I've got a first aid kit, I have a mobile phone with me, I have things that are going to lessen that risk and there is a certain difference in how prepared people are. You know, young males tend to think of themselves as quite invincible and don't do any preparedness behaviors, whereas women generally, we think children tend to go the other way and they will think about these things because they are obviously looking after their family.

There is individual differences even in just preparing before we get on and there is, you know, we get on a plane and we're going on holiday and the last thing you want to think about again is death and dying and it comes back a little bit to the idea of schemers and the behaviors that we have, so when we leave an aircraft normally, we don't take a life jacket with us. But in that situation, we may be not processing the information as well as we can. Our brain starts to fall over, so we just leave as if it's a normal leaving event and not think actually, "I need to find a life jacket. I don't have my life jacket. Where did he say it was? Under my seat or above, I don't know." You know, and somebody is starting to make all these decisions while actually trying to get off the plane.

I think when there was some interesting, at least in the Cranfield University a while ago by Professor Hellen Muller and she was looking at evacuation behaviors and one of the things she found was that people were terribly surprised. You know, she had all these students in the plane. They were all sat down. They said, "Okay, the plane is now crashed. We need to get off the plane and they had all lined up at the door, headed downstairs." She said, "Um, that's not actually what's going to happen, is it?" They said no, it isn't. Okay, what we are going to do is we are going to give a fiver for the first 20 people off this plane. And then she got, you know, people climbing over the heads of others, people pushing other people out of the way. Again, it's about how you're appraising the situation if you think, "Actually there's a problem on this plane. I need to get off it," your behavior is quite different than actually it's just landed on some water. The pilot says, "We are going to be okay. We can go out."
Paul: Do you think even so some people are still too civilized in those sorts of situations because I used to do a of martial arts, and there was a guy who used to come do some training for us and he had a lot of experience in teaching. He had done quite a lot of close protection and teaching people personal protection just in normal day-to-day life. And he cited a few examples of, "You're in a train late at night and some strange guy comes and sits opposite you on the commuter train or what have you. The whole carriage is empty," but we're still too polite to move. We're afraid of offending the stranger even though it's putting ourselves at a more personal risk. Is that another form of that kind of a scheme or it's our normal behavior?

Dr Sarita: Yeah.

Paul: Do you think if we're not used to sort of pushing and shoving our way out of a plane then people or any situation, people still kind of carry that behavior over do you think?

Dr Sarita: Absolutely. There are different cultural differences even something as far back as the sinking of the Titanic and that you have British people sort of standing aside and letting the women and children go first and then there was apparently a number of American sort of businessman. He "fell" in to the life rafts. It's one of the things I do mention that survival is great but sometimes helping other people to survive is the sort of worthier cause and there are, you know, very brave people in the military and also in the civilian emergency services who actually, their drive isn't to survive in those situations, their training is all about helping others, so that's a very interesting sort of observation.

Paul: And there are lots of cases of people having drowned saving their dogs and...

Dr Sarita: Yeah, absolutely. I mean even, you know, there are differences in all of them. You think about the captain of the Costa Concordia, he was one of the first people off the boat, whereas, you know, there was junior officers in that boat that were actually putting their lives at risk to help the passengers off.

Paul: Yes. In terms of your talk here that you did, are there any points that you'd like to emphasize out of that? Are there any sort... because unfortunately, I missed
it because I was doing a demonstration at the same time but what would you say are the main takeaways from that talk?

Dr Sarita: Self-awareness is really important. And if you're finding yourself in a survival situation you have to be aware that you're probably not functioning at the same level as you normally function and you need to take measures sort of to protect yourself. I know that when I did the survival training, things like tying your kit off, so again a piece of paracord and tying your knife to it so that you don't lose your knife. You think you're going to be okay and you think you're going to be fine and why would you drop your knife? But actually having it tied onto you was just extra reassurance that it wasn't going to go missing.

The other thing is having the knowledge and confidence, so I think Lofty mentioned in his talk as well the idea that you should test yourself with survival training in a normal life-threatening situation so that you know what your limits are, how you're likely to behave and also to build your confidence. I know that if I'm ever, you know, washed upon a beach for five days, I'm probably all right so I've got some of the skills needed, but I also know how long I can go without food, how long I can go without water, but I can build a shelter. So it takes away the anxiety that can sort of sap you so much mentality.

Paul: Are there any other things that we can do to sort of train ourselves mentally even just day-to-day, you know, you're obviously going on a survival course that's all good, but are there any other things that we can mentally to prepare ourselves a little bit?

Dr Sarita: Yeah, I suppose it's all about resilience and building that level of resilience is what everybody is sort of trying to do at the moment. I mean, how can we do this and that is the 64-million dollar question really. I think that drinking tea obviously is brilliant, no sugar and [inaudible 00:40:30] which is amino acid that helps you relax and stuff so there's things like that, you know, generally to help you get through the day-to-day stuff but, yeah, resilience. That's a super question. It's really, really hard. A lot of the research just looks at things like building social support networks.

Paul: Right.
Dr Sarita: So we know that people who have a very close group of friends and family that they can rely on actually do much better in the aftermath of disasters, they have less post-traumatic stress disorders, those sorts of things. One of the studies that I've looked at was looking at whether if you have a really good social support network at home whether that actually improved your performance on the underwater helicopter stake and what I found was that it did. So just that network of friends and family that weren't even there seemed to benefit you in an adverse situation.

Paul: Interesting. I don't know if this is true but I had heard, people have told me that makes a difference when people are doing things at special forces selection, that having a good family support network can make a difference. It doesn't necessarily have to be family but friends, for example. You know, people that are supporting you, that you know that they are rooting for you, and that also maybe, you know, would be disappointed if you didn't manage.

I kind of worry when I do things, you know, I go out and do things on my own in the outdoors what kind of goes through my mind, it's not just about me wanting to get home and tell stories but also I think, well, how would my mom react if I didn't come home? There is a positive and negative side to it.

Dr Sarita: Absolutely, yeah. And some things really encourage you. There is a lot of research done on the idea of learned optimism and that if we all became more optimistic, we would be more resilient and I did a study with my firefighters and my own daughter and helicopter escape participants and I found absolutely no evidence for optimism being an advantage, so my optimistic people actually just got more frustrated. I don't know, with the whole situation so I think it just shows that you have to do the research to back it up and that you can't just have these lovely fluffy platitudes that, well, if you're optimistic, it will get you through. Actually, when you look at the study that I did, it's not very helpful at all.

Paul: So would you say just a realistic approach as well?

Dr Sarita: Realistic approach is what you need. Obviously, you don't want to be too pessimistic but being super optimistic was a real problem because people have too much of a super optimistic idea that they were going to do really well and it was going to be really easy but they just go cross and angry when it wasn't.
Paul: Well, I see that on course, actually. I see people… and I think it's probably a symptom of a lot of these things being on television these days. You know, they see friction fire lighting or shelter building or what have you.

Dr Sarita: And they think it's two minutes work.

Paul: They think it's two minutes or they don't attach the fact that there's a physical effort involved and then it's hard. Or they don't have the physical coordination to do it immediately and then it's frustrating for them and then that puts them off and it's interesting.

Dr Sarita: That's interesting. You've seen it there. So, yeah, the social support of course and optimism doesn't seem to be important but screening and stuff, there may well be some things to do with depression. You know, people are very depressed in everyday life that seems to lead to appraising a situation as being much more threatening that it is. So high levels of depression seems to be not a good thing when you're in everyday life, so it is about building confidence, building your friendship networks, not being overly optimistic about your abilities, but not being overly pessimistic about your abilities and sort of trying to keep a nice study of mood level going rather than sort of letting things get to you.

Paul: And what about an ability just to prioritize in general. Would you say that's an advantage? Because one of the things that gets talked about, particularly in conjunction with having things like a plan, protection, location, acquisition, navigation, you know, those sorts of things basically. One of the reasons apart from being a useful checklist, there's a prioritization there as well.

I've read - and it may even have been in Dr. Leeches' book, I can't remember because it's a while since I read it - but I've read that people who are able to break the situation down into chunks and then prioritize those chunks do better than people who are just kind of overwhelmed by the whole thing and they're not able to prioritize one thing over the other.

Dr Sarita: You have to concentrate on the task and get it done, so you do get the headless chicken that just runs around trying to do a bit of everything and never get anything completely done, but sort of remaining focused and thinking right now, "Just need to get my shelter sorted right now. I got my shelter. I'm sorted. Now,
you know, fire, try and get that. Okay now, water."
So you're breaking it down and
not trying to do everything all at once.

Paul: Yes. Good. Well, thank you very much indeed.

Dr Sarita: Oh, no problem. I've never talked survival with anybody at all for more
than two minutes.

Paul: That's very useful. Thank you.

Female Voice-over: The Paul Kirtely podcast.

Male Voice-over: Wilderness, bushcraft, survival skills and outdoor life.

Female Voice-over: The Paul Kirtely podcast.

Paul: Thanks again to Dr. Robinson for taking the time out of her day to have that
corner - a - o - n e with me. I certainly found it interesting and illuminating and I hope
you did too. What don't you let me know what you thought by tweeting me @pkirt.
That's P-K-I-R-T. That's Papa, Kilo, India, Romeo, Tango.

Thanks for joining me. I appreciate you listening all the way through and I hope
you will join me on the next podcast which will be coming soon. In the meantime,
take care. Bye.