

*This is a chapter from a nonfiction manuscript that I edited for a prominent psychiatrist. I thought it fitting to share this chapter, given that the subject matter is something we are all going through.*

## **Psychological Issues for Prolonged Isolation**

In 2010, thirty-three Chilean miners were trapped in a mine for a record sixty-nine days. After they were finally rescued, I received a phone call from a *Los Angeles Times* reporter asking me for my take on the psychological issues that the trapped miners may have gone through, and what sort of trauma lay ahead for them. I was glad to offer my services.

After the phone call, I kept reflecting on the events of the miners. With the exception of telephone communication and a thin tube through which small items were passed, they were completely isolated in a relatively small space. I do not know what trauma they experienced when the mine actually collapsed, or whether they had moments where they felt their lives were in immediate danger. I initially assumed that these miners should be accustomed to the dangers of their profession. But as I ruminated on the subject further I asked myself – can anyone ever really be prepared for such a traumatic event, even if they knew of the possibility?

When people experience a traumatic event that is life threatening to themselves or others there is a good chance they will develop post-traumatic stress disorder (PTSD). If they are trained for a possible traumatic experience it may help them mitigate the trauma, but it will not keep them from being immune to the effects.

While isolation in a mine for a long period of time appears to be unprecedented, there are certain situations where prolonged isolation is in the job description.

## **Space Travel and Isolation**

Astronauts and cosmonauts may be isolated on space stations for long periods of time. Several years ago, a Russian cosmonaut wryly remarked, “All the conditions necessary for murder are met if you shut two men in a cabin measuring five by six meters and leave them together for two months.”

With a larger group, it is less likely that there will be intense reactions between two individuals – but it certainly can happen. Reports have been divided regarding the psychological effects of astronauts during prolonged periods of isolation. Their response to prolonged isolation usually goes through three phases.

During the first phase (which usually lasts about two months) they remained busy and adapted successfully to their new environment. In the second phase, there were clear signs of fatigue and low motivation. In the final phase, the astronauts became hypersensitive, nervous and, irritable.

Regarding the much anticipated expedition to Mars, many experts have expressed concern that there is a strong possibility of death from even the smallest breach of the spaceship. The most likely cause would be a meteor or sun flare. But an even bigger danger may stem from long-term isolation in small quarters.

## **I Can Just Leave, Right?**

Other examples of people being isolated for prolonged periods of time are naval personnel on submarine missions and scientists collecting data in Antarctica. The psychological problems that arise in these environments stem from the limited amount of resources,

unchanging social groups, social isolation, limited communication with the outside world, a self-contained ecosystem, the constant sense of danger, physical confinement, lack of privacy, and dependence on a machine-dominated environment.

This basically defines the anticipated psychological challenges facing a trapped miner. But there are two big differences between the trapped miners and scientists in Antarctica, or the submarine personnel – the latter two chose to be in isolation, and they could leave if they had to.

### **Treatment for Prolonged Isolation**

The first rule for treating people who have been potentially traumatized by prolonged isolation is to give them the basic necessities of life: food, water, clothing, and shelter, then followed by much needed contact and communication with others. The patient needs to know they are receiving honest information and communication, and that someone is there for them.

People in a crisis situation always want to know what is going on and what is being planned for the immediate future. While it is good to supply them with as much information as possible, sometimes it does not help to give them all the ‘bad news’ upfront, especially if it does not serve any purpose. Sometimes it is best to ease them into information on a need-to-know basis.

It is difficult to anticipate what each individual’s psychological reactions to prolonged isolation will be. This is true for the entire duration of the event as well as the aftermath. Perhaps the best indication is how they have handled previous trauma. Notably, the presence of severe mental illness does not predict a severe reaction. For example, during World War II in Europe, there was a diminution of existing mental disease compared to peacetime.

One of the universal responses to an overwhelming trauma is to try to block it out, either by isolating the emotional reactions and/or the memory of traumatic event(s). People in the midst of a traumatic event will report that it seemed as if it were happening to someone else. The degree to which they keep these memories and feelings out of their consciousness can be related to any subsequent symptoms they may have.

The most prominent symptoms of PTSD are flashbacks, nightmares, being easily reminded of the trauma, reoccurring feelings, and going out of one's way to avoid any reminders of the trauma. When these problems occur, they can be very brief and transient. They may not occur until weeks, or even months, after the traumatic event. But when the symptoms do become apparent they may persist for years, or even a lifetime, if not treated.

## **Treatments**

CBT (Cognitive Behavior Therapy) has been used successfully in treating PTSD as well as OCD (Obsessive Compulsive Disorder). This is a therapy that seems to counter negative feelings about the experience, as well as teaching the patient relaxation techniques as they mentally re-experience some of their traumatic memories.

Other patients benefit from talk therapy, which helps them explore the psychological meaning of this experience, as well as deal with relationship issues and resultant substance abuse problems. But the majority of people that have been in such situations will have resiliency to put these events into perspective and return to functioning normally.