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Flight into the Wilderness as a Psychiatric Syndrome†

Some Aspects of the Human Ecology of the Arid Zone

J. E. Cawte*

THE MOTIVATIONS of people who are drawn to the remaining frontiers of the world range from the adventurously realistic to the patently psychotic, with infinite gradations in between. This paper is concerned with a clinical syndrome presented by persons who appear to have fled into the arid wilderness in an attempt to solve their problems. Since the future of many countries depends on the development of their frontiers, it is important to understand the dynamics of the various kinds of people who struggle in these difficult and distant zones, and to provide such professional help as their unique situation may require. Psychiatry in Australia, as elsewhere, clings conservatively to the cities, uninvolved with the adjustment problems that characterize a frontier. Yet a twentieth-century frontier should scarcely have to await population growth in competition with a city for its health services; psychiatry should instead be included in the technology necessary for man to master zones where interaction with the environment is especially difficult.

Records of frontier patients show that the stresses of the outback have not been solely or even mostly responsible for the serious psychiatric breakdowns. Nor are these breakdowns necessarily the outcome of flight by persons escaping the consequences of social deprivations and failures in more settled areas. The syndrome can perhaps best be understood by referring to the concept of ecology, or, more precisely, human ecology, man's interaction with his natural as well as with his social environment. When man intrudes into the wild, he takes a place in the complex interrelations that exist between the plants and animals already living there together. He adds his uncertain transactions, self-selected according to

his personality traits, to the exigencies of mining, prospecting, pastoral industry, or some other activity appropriate to the frontier regions. In some instances he is ecologically successful: a "predator"; in others he is less successful: the "prey."

This account is intended to illustrate one conspicuous form of interaction between certain personality types and the frontier environment, an interaction that suggests some mutuality in the transactions involved. This is a concept familiar to plant and animal ecologists. The idea of "ecological niches" suggests that a creature often occupies a special position in a community to which it is adapted by its structure or physiology. The zebra of the veldt has a special

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† I wish to express my appreciation to four colleagues in particular, who encouraged the production of this paper by their expressed interest in psychiatric phenomena of the frontier. They are Professors William A. Cramond of the University of Adelaide, Leslie G. Kiloh and Reginald T. Martin, of the University of New South Wales, and Leston L. Havens of the Massachusetts Mental Health Center, Harvard University.

niche because his vivid stripes make him less, not more conspicuous in the grass of his natural habitat, which helps to conceal him from his enemies. The giraffe has a niche in respect of his ability to utilize the topfeed. The human ecology of the frontier raises the question of whether human ecological niches occur by virtue of psychological peculiarities. Medicine may need to depart from its traditional concentration on the individual, or even from its newer transactional preoccupation, in order to apply concepts of animal ecology—such as niches, dominance, zonation, and succession—to the study of human beings. In human ecology, dominance appears to have some correspondence with mastery, zonation with social class, and succession with change in time. Although ecological concepts are undoubtedly applicable to man, the theories involved must, of course, be elaborated and refined in order to provide insights concerning the complex human community. The clinical material presented here demonstrates how ecological concepts can be used as a basis for expanding one's understanding of the dynamics of frontier breakdowns.

THE CLINICAL MATERIAL

The illustrations of "flight into the wilderness" as a psychiatric syndrome come from a group of about a hundred patients referred to me, during the period 1950-1960, for psychiatric examination after a disturbed experience in the outback. Of these, approximately twelve reported visions of distant objects. More frequently, the emotional and ideational attachment to the outback is in the nature of an overvalued idea, falling short of delusional intensity, but exceeding a passing fascination. Flight into the wilderness may be variously associated with such psychological maneuvers as an attempted solution of severe psychic conflict, an escape from delusional persecutors, or a quest for solace and bountiful protection. Individuals who escape society by roving

in the back country are popularly described in Australia as going "bush" from the cities and going "troppo"¹ in the bush—phenomena considered to be far from rare in the outback. These conditions are not well documented in medical literature, for information is hard to obtain and there is no way of checking how many people fail to survive. In the overtly psychotic flights, the more fortunate ones are recovered by the remarkable tracking skills of aborigines employed by the police. Those who recover quickly after return to a population center are probably not referred to hospitals, so that information about their experiences is also limited. The chief group available for study comprises those who recover more slowly and are referred for psychiatric care. In many instances these are psychotic or psychopathic people who have experienced in the bush a further development of a preexisting psychic disturbance. Frequently it is this disturbance that led them into the bush in the first place. Thus they provide a different "experiment in nature" than do shipwrecked sailors, who develop disturbances such as a hallucinosis, *de novo*, in personalities that presumably had been well integrated previously.

Nosologically, my frontier patients were classified as having severe character disorders, including "psychopathic depression" in Hamilton and White's sense;² catatonic, paranoid, and manic psychoses; schizophreniform disorders in Langfeldt's sense;³ and anxiety-ecstasy disorders in Leonhard's.⁴ A statistical presentation of the small series is not contemplated. Nor is it possible to

¹ "Troppo" is vernacular for tropical eccentricity or insanity, popularly believed to be due to the heat, close association with native people, and with loss of European identity.

² Max Hamilton and Jack M. White, "Clinical Syndromes in Depressive States," *J. Mental Science* (1959) 105:985-998.

³ G. Langfeldt, "The Significance of a Dichotomy in Psychiatric Classification," *Amer. J. Psychiatry* (1959) 116:537-539.

⁴ Karl Leonhard, "Cycloid Psychoses: Endogenous Psychoses Which Are Neither Schizophrenic Nor Manic-Depressive," *J. Mental Science* (1961) 107:633-648.

relate in full detail the premorbid and intramorbid histories. The case histories are presented briefly, in most instances condensed, in order to focus on the climacteric experience of life in a wilderness.

In the commentary on the cases, the concept of human ecology will be kept in the foreground, and special attention will be directed to an obvious feature of the frontier—distance. Some cases will show, for example, how distances characteristic of the frontier environment may be for the patient a symbolic representation of an aspect of his relationships with people. Other cases will show a striking feature of frontier psychiatry—the placement of the hallucinated object in the far distance, at the extremity of perceived space. It should be borne in mind that individuals selected for presentation here are extreme cases; while their own psychopathology is in itself nothing remarkable, its interaction with outback culture and environment is of considerable interest.

The first case history exemplifies the occurrence of "psychopathic depression" as a clinical syndrome, as delineated by Hamilton and White.⁵ This case illustrates not merely that psychopathic individuals react to frustration with self-destructive behavior, without conscious guilt or self-accusation, as these authors indicate, but that their level of frustration may be regulated by ecological factors.

Case 1—A Station Overseer

A 32-year-old, married man was found comatose on a city beach with a suicide note in his pocket. On recovery from coma he gave an account of the difficulties that had caused him to take an overdose of sleeping tablets. He said that life had always gone well in the bush but that the city had brought him nothing but troubles. He had left the bush only because of his wife's loneliness. As overseer of a cattle station in Northern Australia, he had frequently been away from home droving cattle for a month at a time. This had been no hardship for him but his wife had resented it. They had been married only two years and had no

children. He said he was deeply attached to the outback and had spent most of his life there since running away from home at the age of twelve.

Since arriving in the city he and his wife had had financial troubles. He had leased a shop in a suburban shopping area and set himself up in business as a maker of leather goods, borrowing money for leather, warehouse goods, sewing machine, carpet, and showcases. Tooled leather work had been his hobby on the stations, where he could sell more than he was able to make. However, the city had shown little interest in horses handtooled on handbags; business had been bad and he had found himself heavily in debt. He had tried to sell the business, and his wife had gone to work.

The crisis suddenly took a new direction when a policeman queried the wife about a year-old complaint, which had followed them from state to state, that the husband might be a bigamist. When the husband came home and found his wife in distress about it, he rushed back to the police station and brawled with the larger and stronger policeman. The fight was stopped by another policeman before the patient had a chance to get hurt. He was charged with assault and required to appear in court.

Before he could appear he had an accident in his car. He woke up in the hospital, claimed not to know whom or what he had hit, and was diagnosed as having had concussion. The insurance company refused to pay for the damage to the car, since in moving from state to state he had neglected to pay the premium. After a still further disappointment when a prospective buyer for the shop failed to arrive to inspect it, he went to a beach and swallowed all his sleeping tablets. The note found in his pocket is interesting diagnostically: "To whom it may concern: This is to state that I have taken my own life because I see no way to carry on. But I should like to state that the charge of assaulting the officer had nothing to do with it although I was actually assaulted by him. I only wish to humbly apologise to those that I have hurt, particularly my wife, who has been the only one I have ever loved. And thank any that have tried to help me. [Signed] P.S. Because I am a coward I shall attempt it with sleeping tablets. I pray to God I am successful." He was successful only in having a boy find him on the beach.

His early years reveal something of the origin of his adjustments and affiliations. He lived in a country town with his mother, stepfather, four brothers, two sisters, and two stepsisters. He felt unwanted, the odd one out. Wandering about in a lonely way he formed a comforting image of the bush, daydreamed about it as the place where he

⁵ See footnote 2.

would be happy, and ran away to it at the age of twelve. In psychotherapy he analyzed the significance that the outback held for him. Work with big animals and wide spaces seemed to have a compensatory function for his feelings of inadequacy; it made him feel that he was a strong male who could master such objects. At the same time he perceived in the bush a nurturing, succoring function normally supplied by a mother. The increased interpersonal distances represented some security from retaliation by people whom he habitually dis-comforted. Since the outback environment was so valuable in one way or another for his adjustment it is reasonable to describe him as having found in it an "ecological niche." To some of the observers in the hospital he gave the impression of a grown man playing a game of cowboys and Indians. He delighted in giving lantern lectures from a large collection of color transparencies showing him at work in the outback. He apologized at length when one slide showed him sitting awkwardly on his horse, saying the camera happened to catch him momentarily off balance.

The city, on the other hand, appeared to elicit unconscious atonement; here he regularly inflicted on himself injury and failure. The division between the succoring frontier and the punishing city illuminates the importance of cultural factors in his adjustment, with the imposition of internal preoccupations upon the available range of outside realities.

The following case illustrates a common sequence involving departure from the city to a remote region, progressive social alienation, depressive and paranoid developments culminating in a suicidal attempt, and, finally, expulsion back to the city.

Case 2—A Railway Repairman

A 37-year-old repairman on a railway in Central Australia fired a bullet into his chest, narrowly missing his heart. The wound was treated at the hospital, where the doctor noted that the patient suspected that the other patients and staff were laughing at him and talking about him. Given tranquilizing medication, he became more trustful and revealed that he was worried about going mad. He thought he heard voices at night urging him "Go on! Go on!" in response to his suicidal thoughts.

Transferred to psychiatric care in the city, he described his progressive alienation from society for some fifteen years. He had gradually become convinced that society was hypocritical and hostile, inclined to act

deliberately to his disadvantage. This idea had induced him, some five years previously, to bring his wife and six children to live at a remote siding in Central Australia. According to the wife, life in the repairman's hut was at first bearable, but soon he complained of interference and hypocrisy from workmates. He refused to allow his family to accept social invitations. His wife was forbidden female company. Stockmen from a nearby cattle station were for a time allowed to call, but he erected a barbed-wire fence around the hut and refused visitors after sunset. He attached padlocks to gates and doors and even hid the food.

The children, deprived of varied food and worried by the persistent heat, began to lose weight. One suffered from asthma. Nothing they could do pleased their father; whatever they suggested drew a negative response. His wife described some of his rages as bizarre, including episodes of yelling and thumping on walls in which he did not seem to register what was happening. Sometimes she stayed out of bed at night trying to calm him. A workmate whom he had threatened took a knife away and advised the wife to dismantle the gun and hide the bullets.

His wife reported that his sexual life, always perverse, became sadistic. She said that he sometimes lay upon her, sticking pins into her arms and pinching her body. He refused to consider contraception, maintaining that it was the wife's duty to become pregnant as often as possible. If she dressed up, set her hair, and made up her face, he made jealous accusations; when she did not dress up, he called her a "black gin" and abused her. Eventually she deserted, taking the children with her. Making no attempt to follow, he continued at his work, living alone and evidently drinking alcohol to excess. After several months of living alone he shot himself and survived only because of the unusual path of the bullet through his chest.

Under enforced surveillance in the city he was at first opinionated and resentful, but eventually became more cooperative. During a physical examination an electroencephalogram recorded a focal discharge in the left temporal region. There was no clear-cut history of epileptic seizures, but a suggestive account of angry outbursts during states of altered consciousness was obtained, and he was given anti-epileptic medication. During the prolonged period of supervision in the psychiatric hospital there was improvement in his opinionated, self-righteous, and defensive attitudes.

He was the fourth of five children, and had experienced a rejected and frustrated childhood in a broken home. His school

record was fair but he left as soon as the law allowed, at fourteen, to work in a market garden. At work he was apparently seclusive but not disliked, and when he married four years later there was no real evidence of the pathological developments that were later expressed in his personality. Over a number of years his emotional distance from other people changed to feelings of suspicion, injustice, and persecution. These feelings were reciprocated by workmates and family, culminating in his "frontier" solution. For him, the significant aspect of the outback was its lack of habitation. But even in the remote railway siding, fortification had seemed necessary against a hostile world, and this defense had in turn led the outback inhabitants to repudiate his need at its height.

Frontiers have a subculture like an underworld, producing individuals whose asocial conduct elicits from the city's authoritarian subculture pressures toward banishment. The next case illustrates a sequence in which an individual returns each time he or she is banished. These returns to the arid zone represent not so much flight to the wilderness as unsuccessful attempts to return to a home culture that does not possess a psychiatrically trained social agency to manage crises of this kind.

Case 3—An Outback Female Vagrant

A 19-year-old, unmarried woman was rushed to town from a remote cattle station, where she had tried to kill her mother and then to hang herself. This was just one incident in a life of roving and delinquency in the outback, punctuated by periods of enforced care by welfare agencies in the city. The policeman who escorted her to the psychiatric service stated that he doubted if the homicidal attempt was genuine, but the suicidal behavior was serious enough: When found she had a cord tightly tied around her neck. She had swallowed an open safety pin as well, she said. An X-ray film confirmed the presence of the pin and she was transferred to the surgical service for an open operation to remove it.

The day after her return from the surgical service she told the psychiatrist that she had swallowed another open safety pin but an X-ray picture happily proved otherwise. She continued to harass the nurses with suicidal gestures—such as threatening to jump from the stairs—usually if they appeared to take insufficient interest in her.

She had tried to kill herself, she said,

because she had been separated from her boyfriend, who was somewhere in the Northern Territory, and because she was tired of arguments with her mother, a station cook who moved freely about the outback. She also said that she had not recovered from a recent upset—the birth of her baby four months previously in the city, where it had been adopted. When she had returned to the Northern Territory after the birth, she could not trace the father. She had become vagrant, picking up men or sleeping in the open. Sometimes she charged two pounds for herself, at other times she was grateful for what she got. She said she had six convictions in police courts in Northern Territory, two in New South Wales, and two in South Australia. When the Territory police had last arrested her for vagrancy they had insisted that she live with her mother, but the constant quarrels made her think of suicide. She had made several attempts to kill herself, and two weeks before the hanging incident she had swallowed all the tablets given to her for depression and had been admitted to the hospital.

Inquiry revealed that her *de facto* husband, the father of the baby, was serving a twelve-month imprisonment. He was a habitual criminal, with a record in most states, who had finally settled in the Northern Territory. The patient herself belonged to the relatively exclusive group of second-generation European people of the Territory. She was accustomed to roving freely around this region, identifying with a fringe element or the underworld associated with petty crime, prostitution, and alcoholism.

Her childhood was one of serious emotional and cultural deprivation. She never knew her father, who was reputedly an American serviceman. Her mother had three children by various fathers. The patient had traveled with her until she was fifteen, when the growing violence of their quarrels forced them to part. Her first police conviction at about this time was for drunkenness; on her mother's refusal to pay the fine she had been sent to a reformatory. Since then she had had convictions on a variety of charges and had become adept at manipulating prison staffs by what she called "playing up," which included suicidal gestures. From time to time her personality disorder was recognized and she spent brief periods in mental hospitals. Under supervision she was by no means a totally affectionless or shiftless character. She had considerable energy and industry and gave glimpses of the possibility that she might relate better to society if she could get the right emotional atmosphere. The mother could not come to the hospital for an inter-

view but her letter indicated that although she was literate and intelligent she undoubtedly suffered from a paranoid personality.

Schizophrenic persons who "go bush" in Australia sometimes report the placement of hallucinatory and delusional objects in the far distance. These reports amplify and confirm the observations of Havens on the placement and movement of hallucinations in space, and on the association of movement with changes in affect.⁶ Some of the changes in affect are remarkably specific. The patient who reports hallucinations in the far distance displays special characteristics, not the least important being an effort to approach and to be engulfed by a hallucinated nonhuman environment. In a similar way, delusions and overvalued ideas may be placed at specific points along a spatial continuum. Psychodynamic features of the placement of hallucinations by some of these persons suggest that changes in the position of the hallucinated object in space reflect conflicts in relationships with other persons. The first schizophrenic history selected for presentation concerns a patient who effected a sequential placement of hallucinatory objects from within outwards, the movements being associated with well-defined changes in affect. Cases 5 and 6 will illustrate patterns that diverge from this "classical" sequence.

Case 4—A Traffic Light in the Sky

A 37-year-old, unmarried migrant from Southeast Asia was found by a police constable and an aboriginal tracker, ten miles from an isolated station. A week earlier his car had been discovered, abandoned in perfect working order, near the transcontinental railway. Since then the man had covered 50 miles on foot, without food, into the saltbush plain. He was exhausted when found and probably would not have lasted the night. Rain had hampered the search by obliterating tracks but had helped him survive by providing surface water.

Under psychiatric observation he ex-

⁶Leston L. Havens, "The Placement and Movement of Hallucinations in Space: Phenomenology and Theory," *Internat. J. Psycho-Anal.* (1962) 43:426-435.

plained that he had been drawn into the plain toward a red light rising into the sky like a column. He had been searching for this light because he had seen something similar several years previously when in the bush. When he found it, he tried to walk into it, but it faded and he was lost in the plain. He attempted suicide by gashing his arms but he had nothing sharp enough to make a deep cut.

Inquiring in the hospital revealed a progression of hallucinatory objects into space. At first, several years previously, he had merely felt a "heavy burden" inside himself; he had felt the burden in a physical way, but he described it as "my sins, I suppose; sins and iniquities; I hope they are forgiven." He next heard his thoughts spoken, and was unsure if they came from his head or elsewhere. Shortly afterwards they definitely moved outside him and appeared to be spoken by a companion, in English and in the Dutch language of his childhood; they contained words and phrases such as "rhythm" or "I love you." These snatches of conversation were well-disposed toward him or neutral rather than hostile or critical. He felt depressed and tired, found it hard to go to work. After this period he started changing his job frequently because he believed that people knew his thoughts. He noticed that when he was speaking hesitantly, groping for a word, people were apt to supply exactly the one that he was going to use. From being depressed he became annoyed. The companion's commentary faded out and his attention focused on the tormentors in his vicinity. One day he was given a menial job to do in the electrical factory where he worked and was offended at what seemed a deliberate insult. He went home that night and tried to fight one of his fellow boarders, who scarcely knew him and declined the invitation. As though guided and drawn, he then drove his car 600 miles into the plain until he found the light on the horizon. Recollecting this vision in the hospital, he startled his doctor (who was prepared for some association with a Biblical miracle, such as the pillar of fire that led the Israelites through the desert) by a concrete comparison with a large traffic stoplight.

In terms of Havens' scheme of hallucinatory positions,⁷ this seems to illustrate the "classical" progression of hallucinatory objects—in this case from initial recognition as an introjected object, to the position of the constant companion, to the position of the hostile vicinity, and finally to a visual

⁷See footnote 6.

nonhuman form in the far distance. In the distant stage, the patient wishes to approach and be engulfed by the object. Visual hallucinations are traditionally associated with acute rather than chronic psychosis, and especially with toxic illness. Here the visual hallucinosis is not of toxic origin, and can perhaps be described as an acute manifestation in a chronic psychosis. It represents the end of the line in a progressive distancing of hallucinatory objects in space. The change from auditory to visual modality must be appreciated in this context.

Placement of hallucinations in the far distance has not been studied much by psychiatry but is familiar in two conditions: the acute religious hallucinosis and the survival-isolation hallucinosis. Rarely, experiences outside the normal field of the sensation—so-called extracampine hallucinations—are also encountered in temporal lobe epilepsies and related affections of brain substance. In religious psychosis, the individual may suddenly hear "The Voice" or see "The Light" after a period of troubled brooding and depersonalization. In such cases, the distant placement is evidently determined by the convention that God, Jesus, and the Angels are up in the sky.

In the survival-isolation illusion, travelers lost in the desert see an oasis of cool water or shady trees, or survivors at sea see terra firma. In contrast to the distance experience of the schizophrenic, such visions may be a shared experience, an anticipatory phenomenon in which the group situation is relevant, and they may also result from physiological influences, such as water depletion and acidosis.⁸

But as Havens suggested, the out-back patients' reports of the placement of hallucinations in subjective space indicate a connection between the placement, the affect, and the degree of psychotic alienation. Havens describes

the psychological significance of the placement by means of a scheme that is both clinically and conceptually attractive. His spatial classification provides a useful alternative to more usual classifications of hallucinations based on sensory modality, content, symbolism, or presence of insight.

Havens postulates four positions in which hallucinatory objects may be placed in space:

(1) The position of Extreme Distance.

(2) The position of the Constant Companion.

(3) The position of the Introjected Object.

(4) The Hypochondriacal position.

Commonly, a position is associated with a prevailing affect. Thus, a hallucination in the first position may be acknowledged by anger and abuse if the subject has a conviction that it is not safely anchored there, and is impinging closer upon him. On the other hand, it may be treated with flat indifference if he thinks it is staying "out there." With movement inward, the hallucinatory object is more regularly and constantly experienced, and the patient may be observed to go from flatness, through anger, to depression. Thus there appears to be a spatial gradient for hallucinatory objects, running from far to near, or near to far, with each step on the gradient characterized by a different psychological function. The case material presented here to illustrate this movement shows that it can take place in either direction.

Since Havens defines Extreme Distance as meaning hallucinations in the ceiling or behind the wall—close enough to be "within earshot"—an obvious emendation is necessary in order for me to use his scheme with my cases. In my material, the term Extreme Distance—or "far distance"—will be reserved for hallucinations placed out in the bush, at the horizon, in the sky, or even beyond, as in the "outer space" of the astronauts. It is probable that Havens omitted this position because

⁸ E. W. Anderson, "Abnormal Mental States in Survivors, With Special Reference to Collective Hallucinations," *J. Royal Naval Med. Service* (1942) 28:361-377.

he observed hospitalized cases, rather than because of actual space differences in the respective American and Australian ecologies. Havens' first position might appropriately be redesignated Middle Distance or Within Earshot.

Case 5—Rearranging the Constellations

A 38-year-old, unmarried man was reported missing from a ghost town near the border of South and Western Australia, where he had arrived only a few weeks before. A police constable found him some days later wandering in the sandhills, heedless of his state or safety. He told the constable that he had heard voices that told him to test his faith by walking into the desert. In the psychiatric hospital he gave details of his experience in the sandhill wilderness. He believed he had merged with the distance and was simultaneously here and in outer space. Manifesting what has been called "cosmic identification," he spoke of being on top of the sun rather than on the earth. He believed he could change the patterns of the stars, and that the voices he had previously heard were now in the stars and the sky. His excited hallucinosis persisted and became an annoyance to the other patients in hospital. During group meetings he talked continuously, regardless of interruption by doctor or patients, and was annoyed if patients challenged his starry fantasies. He was ecstatic and blissful and sometimes had visions of Jesus.

The psychosis did not quickly abate and a reason soon became apparent. It emerged that he was distracted and desperate at the closeness of people, restlessly going out of the door and coming in again. He could not sit in company because he was experiencing a genital "pressure" which caused an "eruption" from which he could get relief only by leaving the company. He felt "corrupted" at being in the hospital since he thought of himself as having a moral and spiritual complaint, not a mental one.

After some months in ecstasy and excitement, cosmic preoccupation subsided and his activity in the group became appropriate though guardedly distant. The doctor noted that he seemed to respond to a "non-human activity"—golf. In retrospect he described how he had been depressed before his hallucinatory illness, living alone in a trailer on a vacant block. The control of his sexual impulse had absorbed his attention. He turned for help to the Bible, taking as a text, "Carry your vessel in honour,"⁹ and applying himself to tasks and privations

⁹This Biblical reference is undoubtedly the patient's distortion of Paul's words to Timothy, "He shall be a vessel unto honour" (II Timothy 2:21).

for spiritual and physical uplift. These strictures were eventually experienced as voices and finally as the instructions that took him toward the far desert and cosmic objects.

The revisions of the spatial placement of hallucinatory objects in different phases of this psychosis are less striking. A genital sensation of hallucinatory quality is superseded by spoken instructions, as though from companions and taskmasters. There is agitation and depression. The accomplishment of the cosmic placement of the hallucinatory object is associated with renewal of hope proceeding to ecstasy. The apparent need for the stimulus of distance to evoke this placement lends plausibility to Riss's suggestion that hallucinations may be based on illusions, such as mirages.¹⁰

The emphasis given by Searles to the nonhuman environment in personality development is also relevant.¹¹ Searles holds that the schizophrenic may fear a "phylogenetic" regression to an undifferentiated nonhuman state. This ingredient in human existence must be seen in an ecological as well as in an individual context. The frontier, harsh and above all nonhuman, is available for Australian schizophrenic persons in search of a nonhuman environment. Outback case histories show how some individuals, in a maneuver to bypass an externalized and hallucinated bad object, find a nonhuman environment in the far distance. In general terms, the schizophrenic quest is for relief from the enemy within, from disillusionment, guilt and despair—all of which may be represented in transactions with the semi-desert in the outback ecology.

The next example adds support for these views.

Case 6—Fishing in a Mirage

A 24-year-old, unmarried European migrant hired a room in a hotel at Alice Springs and periodically set off on foot into

¹⁰E. Riss, "Are Hallucinations Illusions? An Experimental Study of Non-veridical Perception," *J. Psychology* (1959) 48:367-373.

¹¹Harold F. Searles, *The Nonhuman Environment*; New York, Internat. Univ. Press, 1960.

the hills, taking fishing gear with him. Since the hills were dry, this "stunt" caused some amusement.¹² When questioned he became agitated and said there were too many noises at night in Alice Springs and that he went to the mountains where cars could not follow him and he could get a good rest. He was eventually taken to the town hospital for observation, but his evasiveness hid the presence of psychosis and he was permitted to leave on the southbound train. But he left the train on the edge of the Simpson desert, the most formidable in Australia, without food or water. When found, he said he got off because the train was uncomfortable and he wanted to catch the next one. Later he said that he had heard Russians on the train and that they had changed the handles on his luggage and had tried to take his money. He also thought the other passengers were afraid of him.

Inquiry in the psychiatric hospital disclosed a progressive psychotic development since he had been a displaced person in Switzerland. At that time he had continued his trade as an electrician for a while, but had felt tired and unable to get up in the morning. Discontented, he consulted the Australian consul and was flown to Australia. Here the structure of his life further disintegrated. He tried many jobs in several cities but mostly lived from social service and Red Cross benefits. While eating in a cafe, without friends or job, he saw that his skin was turning red and concluded that he was being poisoned. He fled to the country with the firm idea that assailants were after him. He achieved relief in Alice Springs whilst going off into the deserted hills as a tourist with fishing gear. The relative calm was short-lived, and was replaced by panic when the police cut it short, hospitalized him, and then evacuated him on the train.

In the psychiatric hospital the response to therapeutic efforts was feeble. No trust or rapport developed. Twice he absconded, returning of his own accord but complaining that he was being unjustly detained. Before arrangements could be completed for his return to his brother's care in Switzerland, he absconded a third time and did not return. Searches revealed no trace, leaving the question of his survival open to serious doubt.

In this case, the hallucinatory object,

¹² Denial by humor is a cultural defense in Central Australia. Behavior that would be "troppo" in an individual is sustaining and hilarious when it is part of a shared cooperative effort, as the "Henley-on-Todd" regatta held in Alice Springs testifies. In this annual event, sweating yachtsmen engage in a contest by hauling boats along the dry river bed.

at first inferred hypochondriacally in the body and on the skin, was soon displaced to spies and enemies in the vicinity. This is a commonplace shift and is often accompanied by an alteration in affect toward resentment, with fear in lieu of anxiety. In turn this gives way to placement in the far distance, which affords the sufferer temporary respite and relief and concomitantly enables him to evade a society perceived as hostile.

Is the omnipresent mirage of Central Australia a stimulus for the placement? In the patient described here there was no thirst, water depletion, acidosis, heat exhaustion or other cause of desert delirium. It is unlikely that he was deceived by his ignorance of the mirage illusion; rather, he structured it to meet his needs. His behavior tells us, in effect, that he was impelled to evade the hallucinatory object threatening in his vicinity; he was, in addition, attracted by a new object placed afar, one offering the prospect of peace, quiet, and comfort. The procurement of fishing gear was a psychotic tour de force, in which fear gave way to comparative calm. In clinical terms, there was a shift from paranoid to heboid symptoms.

In the next example, resort to the wilderness assumed a clinically manic form, lending itself to the concept of regression conjectured by Lewin.¹³

Case 7—Mania in the Wilderness

A 40-year-old, lone prospector, with a degree in geology, was taken to the psychiatric hospital for management of intense excitement, assaultiveness, and refusal of food. For two months he had harangued people in town about massive mineral deposits that he believed existed in the desert. His expansive monologue included pronouncements about the development of Northern Territory and Australian science, art, and literature. He admitted that the bush made him a little queer and said he was writing a better story than *We of the*

¹³ Bertram D. Lewin, "Some Psychoanalytic Ideas Applied to Elation and Depression," *Amer. J. Psychiatry* (1959) 116:38-43.

Never-Never,¹⁴ and that for a hoax he had included an elaborate fabrication about Mars, space travel, and distant galaxies.

He said that his eleven years as a lone prospector had been preferable to a life of clashes with colleagues. He knew that his failure to share in cooperative geological exploration detracted from his chances of success but it spared him the criticism of the experts. A letter written whilst he was in the hospital is revealing: "Dear Dr. C.: Ten days ago I smuggled out of the lockup a letter to Dr. Schweitzer and another to Aldous Huxley. Supposing the two and Bertrand Russell reckon that I am not a lunatic and write to the Prime Minister? Suppose I worked out something new, rather stumbled on it, am all exalted and worried, too, about it: say, since invention of Infinitesimal Calculus by Newton and Leibnitz, since Hypervariants standing over Determinants like Det. are above Algebra and Alg. above Arithmetic? Now: via Mass/Light//Space//Time//Interference//analyze the crazily speeding shiny utility with Mankind as passenger, prior to a cosmic accident. . . . Parallel I am spinning a long yarn about N.T.: horse-plants, black-fellas, prospecting for minerals and womenfolk, rows all the time, individualist no-hopers out in the scrub. . . ."

In the hospital, the manic element subsided, but since he persisted in returning to prospecting and was disinclined to take tranquilizing drugs it was no surprise when he was returned within eighteen months. He had been found "in a sleep-walking condition" in the bush by the police. He remained drawn to his distantly placed objects in his conviction of mineral deposits and his references to cyclotrons, shifting sands, radio-telescopes, rockets around Venus, astronomy, and the Eureka experience described by Sir John Eccles.

The legend of Lasseter's lost gold reef in the dead heart of the continent¹⁵ is perhaps the best-known expression of the imposition of internal objects on distant reality. It may be profitable to extend the concept of projected, introjected objects to cover the

¹⁴ Jeannie Gunn (Mrs. Aeneas Gunn), *We of the Never-Never*; Melbourne, Robertson and Mullens, 1907. This is a well-known book in Australia—a collection of stories about travelers in the outback and their experiences with people they meet and the dangers and terrors that beset them.

¹⁵ In 1893 an Afghan camel driver found the apparently insane Harold Lasseter wandering in the desert. Lasseter claimed he had found a gold reef to surpass all reefs, somewhere about 600 miles west of Alice Springs. In 1930, he led an expedition in search of his El Dorado, The

related phenomena of delusions and overvalued ideas. Indeed, these have a vivid, almost hallucinatory quality and, buried out of sight in the desert, elicit the same approach behavior from the subject. How much exploratory or pioneering activity is performed on the basis of distant placement of internal objects?

What does the quest for an El Dorado represent? A useful conjecture is suggested by Lewin's proposal for a psychology of elation.¹⁶ For Lewin, mania is a regression, just as depression is a regression. But the elation is regression to a much earlier stage. Lewin believes that the model of elation felt by the psychotic was the satiety from union with the mother's breast in earliest infancy. This enjoyable state before the reality principle was established signified supreme pleasure at a time when the child did not know about death. Lewin considers that the elation in mania is analogous to a happy dream at the mother's breast. The subject is not necessarily denying a depression. He is "denying death and the fear of dying by a declaration of invulnerability and immortality."¹⁷ The manic-paranoid person who goes bush, heedless of danger and death, elated in his conviction of an El Dorado, may be viewed as having recreated the "happy dream."

The final case selected for presentation illustrates the Australian ambivalence toward the outback. In this case, a masochistic and intermittently psychotic woman resorted to the desert fastness even though there appeared no absolute social or domestic necessity for her to do so. The case also illustrates the phenomenon of the hallucinated close companion.

72 camels in the expedition all died of thirst, and the aircraft and the truck broke down. Impatiently Lasseter pushed ahead of the party, and perished. His body was eventually found in the Petermann Range country southwest of Alice Springs on the West Australian border. The historical incident has been dramatized in *Lasseter's Last Ride*, by Ion L. Idriess; Sydney, Angus and Robertson, 1931.

¹⁶ See footnote 13.

¹⁷ See footnote 13; p. 40.

Case 8—A Hallucinatory Lover in the Bush

A 37-year-old housewife who lived with her husband and only child on a lonely station in the northwest part of South Australia had several admissions to mental hospitals for psychosis. During these episodes her imaginary lover, a city doctor, was at her side. She hallucinated his conversation and erotic attention, imagined that she was made pregnant by him, and believed that he was quarreling with her husband. At these times she lost interest in her housework and spent most of the time in bed. When her husband came in from work she would lock herself in her room. She cooked her own food separately and imagined that he was poisoning her.

In the hospital these ideas usually persisted for a few weeks, though she was disinclined to discuss them. She was domineering and sarcastic with staff and patients; she put on make-up but neglected her cleanliness and was unoccupied. Recovery was heralded by willingness to work, considerateness, and depression. With the hallucination abandoned, she would miserably blame her frequent mental illnesses for the family's isolation and lack of prosperity. This contrasted with her previous peevish attitude of blaming her husband for the isolated life. When not psychotic but depressed, she saw the loneliness and hardship of frontier life as something she inflicted upon herself through her own actions. She seemed to demand further self-denial and self-punishment in the outback, and therefore insisted upon returning, despite medical advice to the contrary, and despite her husband's professed willingness to consider a change.

This martyred outback wife may view distance and isolation as a punishing object, and characteristically, her masochistic needs make her reluctant to leave the loneliness. She therefore needs no specific hallucinatory object in the period of depressive adjustment. In episodes of psychosis, the depression is relieved and the punishing object retires, deposed by a hallucinatory object in the form of a constant companion supplying erotic satisfaction. Here is an instance where removal to distant places and preoccupation with a hallucinated object, though sick behavior, is apparently successful in removing depression.¹⁸

¹⁸ Compare the "Walden Pond" maneuver of Thoreau. Beset with an aversion for human

DISCUSSION

"Flight into the wilderness," considered as a clinical syndrome of the frontier, encompasses a variety of psychological phenomena. From the viewpoint of the human ecology of the frontier, in which personality types possessing certain psychic conflicts tend to interact with the natural and social environmental features, the syndrome is often found in a person who believes that his personality traits are best accommodated by certain aspects of lonely regions. In many instances such persons achieve an ecological niche with reasonable success. Psychotics who flee into the wilderness may project internal objects onto the distance, leading to the phenomenon of placement of a hallucinated object in the far distance, associated with characteristic changes in affect.

It is recognized that psychopathic individuals, poorly socialized in their subculture, tend to be uprooted and to move from place to place. They cover a wider range of territory than do most people, partly to gratify a need for new experience, new sexual contacts, and new activities, partly to avoid retaliatory action by society. Inevitably, a proportion of such people radiate farther out from the metropolis toward the frontier. Sometimes they achieve in this environment what may be considered as ecological niches. The less fortunate continue social depredations at a rate that exceeds the normally high tolerance of the frontier, so that a social crisis is created. Not infrequently, during the crisis, there is an impulsive bid for suicide, a denouement that confirms the opinion of instability held by frontier authority, including the medical profession. This opinion usually leads not to an attempt at management but to expulsion back toward the metropolis.

company, Thoreau found surcease in an isolated nonhuman environment where ecological interaction with nature was maximum. Only late in life did he accept men as good companions. His Walden isolation may be regarded in most respects as a successful maneuver.

One of the tragedies of this kind of sequence emerges from the fact that some social institutions of the outback are heavily indebted to persons possessing moderate personality disturbances. This is an example of the "psychopath's bounty": In the ecological niche that may be achieved by the mentally disordered person, some contribution to society is possible. He is sometimes found fulfilling necessary roles shunned by more conforming citizens, and at the very least he often represents a pair of hands where hands are needed. Some recognition of this niche is implicit in the unusual tolerance of social deviation encountered in the outback. "Eccentricity," "robust individualism," "troppo," "no-hoper," "grog-artist," are local concepts for this class of behavior—almost any terminology may be employed in the vernacular except "mental illness," which is taboo. The deviation needs to be highly disruptive before evacuation to a city is arranged through medical channels. With even minimal psychiatric attention, there is little doubt that in many cases the disruption would not reach these proportions. The contribution of such persons might thus be retained and safeguarded. The provision of psychiatric first aid may indeed be a more realistic policy for the outback than the personnel selection envisaged by the large industrial and mining companies. Viewed in this way, psychiatry is a technology, part of the "human engineering" necessary for the modern frontier.

Desert symbols are universal, but Australia is particularly well endowed.¹⁹ Visitors from North America

¹⁹ Compare Persia (Iran). The symbolic choice of the desert as a site for the solution of life's problems—or at least for retirement from the fray to contemplate them—is illustrated by the *Rubaiyat of Omar Khayyam*, in Edward Fitzgerald's translation, first version. In his efforts "to grasp this sorry scheme of things entire" (Quatrain 73), Omar chose some "strip of herbage strown, that just divides the desert from the sown" (Quatrain 10). This "strip" comes very close to the geographical definition of a frontier. Iran's dependence on exotic rivers causes such frontiers to be of utmost significance to its culture and ecology.

are quick to diagnose ironic humor displayed by Australians toward their own country as a reaction to disappointment that the heart of the land is not a fertile Mississippi valley. In Australia the call of the West is a cry of hope cut short by despair. A cultural ambivalence is reflected by the traditional Australian poets. The basic view is expressed in Henry Lawson's story, "His Country—After All."²⁰ A more sanguine but still ambivalent view is "Banjo" Paterson's reaction, in the lines: "We followed where our fortunes led, with fortune always on ahead—and always further out."²¹ Sturdy human mateship is stressed as making a harsh landscape tolerable. But the bush-style popular songs of today reveal the sardonic ambivalence: "Tan me hide when I'm dead, Fred."²²

Observation of the Australian arid zone indicates that there is probably much of psychiatric interest in frontier situations elsewhere. If psychiatry should accept its place as part of the technology now necessary to develop the difficult frontiers that remain in the twentieth century, the optimal conditions for the introduction of a service

²⁰ Henry Lawson, born in 1867 in a tent in outback New South Wales, identified with the harshness of this region in disillusioned writings that became the best known, if not the best, depiction of the Australian outback. His vignette, "His Country—After All" (from *While the Billy Boils*; Sydney, Angus and Robertson, 1896), describes a disgruntled Australian traveling in New Zealand, contrasting the lush landscape he sees with his own tough country. The sight of some imported Australian gum trees momentarily silences him by bringing his past before him. After a spell of reverie he castigates an English tourist who has been imperceptive enough to echo his previous criticisms of Australia. Henry Lawson died in Sydney in 1922, alcoholic and in poverty. His persistent appeal to the Australian imagination is shown by his portrait appearing on the recently printed Australian ten-dollar note, along with sketches of Gulgong, then a shantytown, where he spent his childhood.

²¹ Andrew Paterson ("The Banjo"), Lawson's rival as the popular versifier of his day, conducted with him a literary controversy about the merits of the bush. Paterson more than Lawson identified with the managerial and downing viewpoint and was thus in a better position to appreciate "the vision splendid of the sunlit plains extended" (from *The Man from Snowy River*; Sydney, Angus and Robertson, 1895).

²² Rolf Harris, "Tie Me Kangaroo Down, Sport," Castle Music, 1960.

need to be considered. A simple service, based on psychiatric first aid and undertaking the training of local key community members to act to psychiatric advantage in crisis situations, would do much to safeguard people drawn to these zones. The very nature of their eccentricity can mean that

such people have a special contribution in today's world, and considerations of the kind encompassed in the term "human ecology" are clearly relevant to their psychiatry.

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