What It Takes To Survive

Why some people walk away from a plane crash or thrive after a job loss, while others don't stand a chance. And what's luck got to do with it anyway?

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NEWSWEEK
From the magazine issue dated Feb 2, 2009

The knitting needle pierced her heart. Then it saved her life. Ellin Klor savors the irony, but it wasn't always so, especially when doctors cracked open her chest in the operating room to pry out the wooden needle that had punctured her breastbone and penetrated her right ventricle. Jan. 9, 2006, was her lucky day. After dinner with her family, the 58-year-old children's librarian was anxious to show the gang in her knitting group some new patterns, so she grabbed three bags stuffed with books, yarn and needles and headed to a friend's house in Palo Alto, Calif. Already late, she could tell from the other cars that some of the knitters had arrived. She hoisted her bags from the back seat. "The scourge of a librarian," she recalls, "carrying too much stuff around." Klor climbed the first of two wide steps, stubbed her foot and suddenly fell down, landing chest first on a sack filled with unfinished knitting. Klor, 5 feet 4 with soft hazel eyes and a generous, round face, had long considered herself a bit of a klutz, so her spill wasn't exactly a surprise. When she took a breath, her chest hurt, but she figured it was nothing. Inside, the knitters were already working in the living room. Klor wanted to get started, but the ache in the middle of her chest was getting worse with each breath. It wasn't an ordinary pang. She looked down at her red Façonnable sweater and lifted it up. The next image is ingrained in her memory. A jagged splinter of a wooden knitting needle, nearly four inches long, was jutting from her chest. It had clearly broken in half, piercing her clothing and lodging in the middle of her bra right between her breasts. "Oh, my God," she whispered. Her friends gaped at the needle and urgently calculated the options. First and foremost, should they try to pull it out? "No, don't touch it," Klor declared. It was pure instinct: she didn't want anyone to go near the injury until she was at the hospital. Doctors would say later this was the first decision that helped save her life. Plucking the spike would have been like pulling a plug or uncorking a bottle, and she might have bled out in the living room.

Klor and her friends faced the next critical question: should they jump in a car and race to the emergency room? "No," Klor decided. "Call 911 right now." Waiting for the paramedics was a second lifesaving choice. If the needle had moved even the slightest amount in transit to the ER, the injury to her heart might have proved fatal. So Klor carefully sat down on a sofa to wait for the ambulance. She felt alert and even noticed something very odd. She had been impaled and yet there wasn't a single drop of blood anywhere. How was this possible? The next string of images flew by like a strange TV drama. Paramedics. Stretcher. Sirens. IV. Oxygen. Emergency room. CT scan.

At the Stanford University Medical Center in Palo Alto, Klor waited anxiously for the ER doctors to tell her the extent of her problems. To distract herself, she focused on her daughter, Callie. Her thoughts also turned to her husband, Hal, a rugged research engineer who once hiked two miles on a broken ankle. Sometimes he teased her lovingly that she was "a little wimpy." What would Hal say when he heard about this?

When the ER team finally briefed her on the results of her scans, she felt the first flood of fear. Their tone was urgent. The needle had penetrated her sternum, the long flat breastbone that's supposed to protect the heart, lungs and major blood vessels from trauma. Over the years, this team had extracted every imaginable object sticking from every conceivable body part, but they told her a knitting needle was unprecedented. Paparazzi style, a young doctor snapped her photo and then took mug-shot close-ups of the offending object. Then the doctors delivered the scary
news: the point of the needle had grazed her heart, nicking the right ventricle. They could see internal bleeding. They needed to operate as soon as possible.

Less than an hour after her tumble, trauma surgeons would cut her open, crack her sternum, stitch up her heart, wire her breastbone back together and sew her up. They would leave a seven-inch scar from her neck to the middle of her chest. They would save her life. And then, by chance or fate, the knitting needle would save her life all over again. In fact, Klor's real struggle for survival was just beginning.

Why do some people live and others die? Why do a few stay calm and collected under extreme pressure when others panic and unravel? How do some bounce back from adversity while others collapse and surrender?

At ABC's "Good Morning America," where I worked as executive producer for two and a half years, I watched a veritable parade of survivors appear on television. The procession of death-defiers never seemed to stop, and I always wondered: How do these people endure their trials? Were they always so strong and resilient—or did these abilities suddenly materialize? And what do they know about surviving and thriving that we don't?

It's probably safe to say you're never going to end up with a knitting needle through the heart, but it's equally indisputable that eventually you will face some kind of life-changing crisis or struggle. How would you have responded if your airplane had landed on the icy Hudson River? Or what would you do if you were suddenly fired from your job or received a dire medical diagnosis? Dr. David Spain has a blunter way of putting it. He runs the trauma and critical-care department at Stanford Medical Center and sees what happens to regular people all the time. Every day, he says, some of us get dressed, kiss our families goodbye, walk out the door and get run over by cement trucks.

After two years of research, I discovered that everyone has a crisis personality—a Survivor IQ—that they marshal in a moment of adversity: a mindset and ways of thinking about a situation. The best survivors and thrivers understand that crisis is inevitable, and they anticipate adversity. Understanding that even misfortune gets tired and needs a break, they're able to hold back, identify the right moment and then do what they need to do. Psychologists have a clunky term for this: active passiveness. It means recognizing when to stop and when to go. In a critical sense, doing something can mean doing nothing. Action can be inaction, and embracing this paradox can save your life.

It was early Saturday morning, just 12 days after surgeons had delicately removed Ellin Klor's splinter and stitched her up. Klor had been home for a week, thankful for the attention of her husband and daughter, but she awoke with excruciating chest and back pain. Writhing and struggling to breathe, she had no idea what was happening, and she rushed to the emergency room.

Doctors poked and prodded her. They listened to her heart and lungs. They whispered their greatest fear: perhaps it was a pulmonary embolism, a potentially fatal blood clot in her lungs. They ordered immediate scans along with enough morphine to erase the pain.

When the doctors returned, they shook their heads and seemed confused. The tests were all negative. Her lungs were clear and her heart was healing just fine. So they explained it away as some kind of fleeting discomfort from surgery and gave her more painkillers before sending her home.

The next day, Klor was home alone when the phone rang. A radiologist from Stanford wanted to see her right away. At the hospital, the doctors explained the urgency. On a CT scan, the radiologist had detected a mass under her armpit. It looked like an enlarged lymph node, a telltale sign of breast cancer.

A decade earlier, she had battled the disease on the other side. But this was a brand-new malignancy and not a recurrence of the old tumor, which has lower survival rates. This was like starting from square one, a brand-new battle. Klor felt so lucky that she let out a whoop when the doctor informed her that only one lymph node was implicated and the disease was contained.

The knitting needle through her heart had actually saved her life, her doctors said. If she hadn't gone to the ER—if she hadn't been screened with all those machines—the tumor probably wouldn't have been detected until it had grown and spread. Klor believes she's one of the luckiest people in the world. I didn't die from the knitting needle, she remembers thinking, So I'm not going to die from cancer.
Klor spent most of the year undergoing surgery, chemo and radiation. On every single trip to the doctor, she was accompanied by family or friends. During that time, she also managed to finish a quilt, knit shrugs, scarves and shawls, and watch her daughter grow up fast. Klor suffered plenty from the treatments, but she also discovered something she didn't know about herself. She had always struggled with a sensitive nature; at times, she had been vulnerable to depression. Physically, she wasn't very tough either. "I really have surprised myself," she says about her experience, adding, "I didn't think I had this kind of strength."

The blunt reality of survival is this: too many people perish when they shouldn't. They morph into marble instead of taking decisive action. Exploring this phenomenon is the main focus of Dr. John Leach, one of the world's leading experts on survival psychology. He has lived for more than 20 years in England's Lake District, where he teaches an advanced course in survival psychology at Lancaster University.

In November 1987, Leach was changing trains one night in London at the King's Cross Underground station, a sprawling hub that throbs with more than 30,000 passengers during rush hour. He noticed the "thickest, greasiest, most cloying smoke I've ever seen," At first, it didn't make sense. There were no flames—just acrid smoke like the kind that belches from a ship's funnel. Almost without thinking, he found his way up to ground level and hurried to the exit.

Today, more than 21 years later, most of the memories have faded, but Leach can still smell the foul smoke and hear the wail of a uniformed railway worker: "There are people dying down there." For some inexplicable reason, as the fire spread, trains kept on arriving in the station. Meanwhile, aboveground, officials unwittingly directed passengers onto escalators that carried them straight into the flames. Many commuters followed their routines despite the smoke and fire. They marched right into the disaster, almost oblivious to the crush of people trying to escape—some actually in flames. Thirty-one people perished in the King's Cross fire, and incredibly, the Underground staff never sprayed a single fire extinguisher or spilled a drop of water on the fire.

Leach has a name for this syndrome. It's called the "incredulity response." People simply don't believe what they're seeing. So they go about their business, engaging in what's known as "normalcy bias." They act as if everything is OK and underestimate the seriousness of danger. Some experts call this "analysis paralysis." People lose their ability to make decisions.

In any emergency, people divide into three categories, Leach says. First, there are the survivors like the 155 people on US Airways Flight 1549, who manage to save themselves in the worst situations. Second, there are unavoidable fatalities: people who never have a chance, like so many of the 200,000 people in Southeast Asia who were swept away by the tsunami of 2004. Third, there are victims who should have lived but perished unnecessarily.

After examining countless disasters and categorizing the ways people respond to life-threatening situations, Leach came up with what might be called the theory of 10-80-10. First, around 10 percent of us will handle a crisis in a relatively calm and rational state of mind. The top 10 percent are leaders, like a few passengers on the US Airways flight who took charge and guided others off the plane.

Leach says the vast majority of us—around 80 percent—fall into the second category. In a crisis, most will "quite simply be stunned and bewildered."

We'll find that our "reasoning is significantly impaired and that thinking is difficult." We'll behave in "a reflexive, almost automatic or mechanical manner." We'll sweat. We'll feel sick, lethargic, numb. Our hearts may race. And we'll experience "perceptual narrowing" or tunnel vision. We'll barely hear people around us. It's OK—it's not necessarily fatal—and it doesn't last forever. The key is to recover quickly from brain lock or analysis paralysis, shake off the shock and figure out what to do.

The last group—the final 10 percent—is the one you definitely want to avoid in an emergency. Simply put, the third band does the wrong thing. They behave inappropriately and often counterproductively. In plain terms, they freak out and can't pull themselves together. And they often don't survive.

Prof. Richard Wiseman can tell if you're lucky or unlucky just by handing you a newspaper and asking you to count the number of photographs in its pages. Some folks finish the job in a few seconds while others need a couple of minutes to tally all the pictures. The reason for the difference isn't that some people are better counters than others. Rather, the secret lies on page two of the newspaper where Wiseman has inserted a huge message in one-inch letters:

STOP COUNTING—THERE ARE 43 PHOTOGRAPHS IN THIS NEWSPAPER.
Believe it or not, many people actually miss this enormous headline in the paper. They're too busy counting photos to notice. The giant message isn't a trick. There really are 43 pictures in the paper. Professor Wiseman has found that if you see the announcement right away, you tend to be a lucky person open to random opportunities. By contrast, if you don't spot it, you're usually an unlucky person more likely to miss out on fortuitous possibilities.

Psychologists call this "inattentional blindness"—we don't notice things when we don't pay real attention. One of the most famous studies of inattentional blindness was conducted by Daniel Simons and Christopher Chabris in the elevator lobby of the 15th floor of the Harvard psychology department. One team of players wearing white shirts and another group dressed in black tossed two orange basketballs back and forth. Subjects were asked to watch a video of this ball-passing exercise and count the number of passes made by players dressed in white. After 45 seconds in one version of the video, a woman in a full gorilla costume walks right through the scene. The hairy ape is clearly visible crossing the screen for five seconds. Remarkably, 56 percent didn't even notice the gorilla right in the middle of the action. In another video, the gorilla stops, faces the camera, pounds her chest and then marches off. The action lasts nine seconds, but again only 50 percent spotted the furry interloper.

How is it possible to miss the gorilla? And what does it tell us about survival? Professor Simons now teaches psychology at the University of Illinois at Urbana-Champaign. The main lesson and surprise of the gorilla experiment, he tells me, is how easy it is to miss something as obvious as a gorilla. "Distinctive and unusual objects do not automatically capture our attention," he says. Many other studies have demonstrated that it's difficult—if not impossible—to be aware of everything going on around you, or even right in front of you. One reason is that your eyes see in high resolution only within around two degrees of your focal point. In other words, no matter how good your eyesight, the vast majority of your surroundings are essentially out of focus. To understand, try holding your arm out in front of you and making the thumbs-up sign. The sliver of the world that you see in high resolution is only about as wide as your thumbnail. If you focus, say, on your cuticle, you'll immediately notice how the detail in your peripheral vision drops off dramatically.

The gorilla experiment is important, Simons says, because it shocks you into realizing how little of your environment you consciously perceive, especially if you're very focused on a specific task. Once you've gained this insight, Simons believes, you can start opening yourself up to all the possibilities that you may be missing. In everyday life, Simons recognizes there's no guarantee he'll notice a gorilla or cement truck coming right at him. This awareness has changed the way he interacts with the world. Especially when he's driving, he's more alert to potentially disastrous events, and he intentionally devotes attention to those dangers instead of assuming they'll immediately capture his eye.

When it comes to spotting hairy apes and red-light runners, Wiseman believes there's another important factor at work, too. Neuroticism is a personality trait of people who tend to be anxious, tense and sensitive to stress, he explains. In the gorilla experiment, people with high levels of neuroticism are very serious and intense about their assignment to count the number of basketball passes. People with low levels are calmer and less sensitive to stress. According to Wiseman, lucky people usually are more laid-back and open to life's possibilities—like giant headlines in his newspaper experiment—while unlucky people are more uptight, nervous and closed off.

If you want to test yourself, take a quick look at this domain name sometimes used by stress researchers: www.opportunityisnowhere.com.

What do you see? For many people, the web site seems discouraging: opportunity is nowhere. But others see the exact opposite: opportunity is now here. When it comes to hidden messages, lucky people perceive more of the world around them. "It is not that they expect to find certain opportunities, but rather that they notice them when they come across them," Wiseman writes in his book "The Luck Factor." This ability (or talent) "has a significant, and positive, effect on their lives."

Wiseman, who holds Britain's only professorship in the public understanding of psychology, at the University of Hertfordshire, has devoted a decade to exploring the secrets of serendipity. He discovered that some people actually do have all the luck, while others are a "magnet for ill fortune."

"Luck is not a magical ability or a gift from the gods," Wiseman writes. "Instead, it is a state of mind—a way of thinking and behaving." Above all, he insists that we have far more control over our lives—and our luck—than we realize. Going back to the Italian Renaissance philosopher Niccolò Machiavelli, great thinkers and writers have argued that 50 percent or more of what
happens in life is determined entirely by chance (or Fortuna, the Roman goddess of fortune). Wiseman says no way. He believes that only 10 percent of life is purely random. The remaining 90 percent is "actually defined by the way you think." In other words, your attitude and behavior determine nine tenths of what happens in your life. Wiseman has concluded that there are four reasons why good things happen to certain people.

First, lucky people frequently happen upon chance opportunities. "Being in the right place at the right time is actually all about being in the right state of mind," Wiseman writes. As his newspaper experiment shows, lucky people are more open and receptive to unexpected possibilities. They tend to be more relaxed about life, and they operate with a heightened awareness of the world around them. Quite simply, they spot and seize upon openings that other people simply miss. They also tend to be more social and maintain what Wiseman calls a "network of luck." Most of us know around 300 people on a first-name basis. According to Wiseman, that means you're only two handshakes away from 90,000 people who could bring chance opportunities into your life.

Second, lucky people listen to their hunches and make good decisions without really knowing why. Unlucky people, by contrast, tend to make unsuccessful decisions and trust the wrong people. "My interviews suggested that lucky people's gut feelings and hunches tended to pay off time and time again," Wiseman writes. "In contrast, unlucky people often ignore their intuition and regret their decision." In survival, this kind of instinct can make all the difference.

Third, lucky people persevere in the face of failure and have an uncanny knack for making their wishes come true. They're convinced that life's most unpredictable events will "consistently work out for them." Their world is "bright and rosy," Wiseman writes, while unlucky people expect that things will always go wrong. Their world is "bleak and black." When Wiseman gives lucky and unlucky people a puzzle that is actually impossible to solve, the reactions are very telling. "More than 60 percent of unlucky people said that they thought the puzzle was impossible, compared to just 30 percent of lucky people. As in so many areas of their lives, the unlucky people gave up before they even started."

Fourth, lucky people have a special ability to turn bad luck into good fortune. Of all four defining factors involved in luck, Wiseman believes this one plays the most important role in survival. Wiseman's conclusion echoes the work of Dr. Al Siebert, one of America's foremost authorities on survival psychology. After more than 40 years investigating what he calls "the survivor personality," Siebert believes, "life's best survivors not only cope well, they often turn potential disaster into a lucky development."

So in the end, what does it take to survive life's inevitable challenges? Clearly, no single theory can encompass every situation. No common denominator applies to every person or struggle. In some cases, the cosmic coin toss determines everything. Alzheimer's patients don't pick their DNA. Trauma victims don't choose the drunk drivers careening through the streets. Still, survival isn't entirely out of your hands. In fact, you control much more of your destiny than you may imagine. Above all, your mindset makes the difference. You can take care of yourself, pay attention to your surroundings and even count the rows to the emergency exit on an airplane. You can make your own luck in the worst situations. You can pray, too, if it suits you. There are as many ways into the Survivors Club as there are personalities.

Sherwood is a journalist, author and executive director of TheSurvivorsClub.org. This article is adapted from his new book, The Survivors Club: The Secrets and Science That Could Save Your Life (Grand Central Publishing, January 2009).

URL: http://www.newsweek.com/id/181290

© 2009
Jacob Solome. Photo: Daniel Silbert/Daniel Silbert Photography. My cousin Jacob Solome, or Jack, will only tell me how old he is; for the purposes of this article, he says, “Put me down in the high 90s.” He met his wife, Eda, now 99 and suffering from dementia, when they spent two years hiding from the Nazis in a Polish farmhouse, crawling under floorboards whenever they heard anyone coming. They’ve been married for 75 years. A retired obstetrician-gynecologist and news junkie, he’s long kept a full schedule of teaching, swimming, and driving like a drag racer to various social engagements. Pr

What It Takes To Survive is a mission in Days Gone. Ride out to meet O’Brian. Drive to location. Ride out to the Ice Wind Lava Cave. Enter The Ice Wind Lava Cave. Explore the Ice Wind Lava Cave. Track Cooper. Kill the Reacher. Clear the Horde. 10,000 XP. O’Brian. Why it always come back to O’Brian? And how do I keep ending up being his errand boy? I realized that the best way - the only way - to get Sarah off Wizard Island was by air. The Militia would never see it coming. To do tat I would need O A complete story mission walkthrough for What it Takes to Survive in Days Gone, including mission objectives, strategy guides, tips, tricks, and obtainable items. A complete story mission walkthrough for What it Takes to Survive in Days Gone, including mission objectives, strategy guides, tips, tricks, and obtainable items. Table of Contents. Walkthrough. This walkthrough will guide you through all objectives of the What It Takes To Survive Main Quest and to clear out the mandatory Cave Horde. Region: Crater Lake / Highway 97. Quest Giver: O’Brian Storyline: I’m Never Giving Up. So, take your time and explore everything. As things look quite similar, it might take some time as you will likely come across paths you’ve taken before. Generally, use Survival Vision and interact with prompted items on the ground, like bags or certain flares. This will reveal footprints on the floor, which you can follow.