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## ADVENTURE THERAPY

### Overview

Adventure therapy as an umbrella term for a therapeutic approach, continues to attract and inspire a diverse array of outdoor and therapeutic practitioners, academics, and theorists. This confluence of professionals generates a range of definitions and descriptions although generally capturing common elements of practice. Adventure therapy intentionally combines outdoor adventure activities with therapeutic processes to reach desired individual or group-level change. With recognition of international and cross-disciplinary approaches and understandings, this chapter will provide an overview of the basic constructs of adventure therapy; its philosophical underpinnings; and identify current and long-standing challenges facing adventure therapy. The chapter will weave theory with practice while remaining cognisant to the realities of competing influences within the field of adventure therapy and its distinction from other conventional therapeutic approaches and adventure programming practices.

### Objectives

1. Define adventure therapy and its scope of practice.
2. Outline core kinaesthetic components and philosophical underpinnings of adventure therapy.
3. Describe major challenges facing the adventure therapy field.

## INTRODUCTION

Adventure programming, as seen throughout this text is utilized in numerous ways and consequently, has the capacity to produce a range of desired outcomes. Adventure used intentionally to produce individual or group level change—generally addressing issues of social or psychological dysfunction—has been referred to as adventure therapy. Ranging from inclusive philosophical musings through to rigid and specific criteria, definitions have been offered in literature for more than two decades in effort to accurately capture what adventure therapy is, the range of populations it serves, and the variety of approaches and practices utilized internationally. An ongoing debate, and the resulting tension, has been ever-present with calls for both narrowing and broadening of the definition of adventure therapy proposed. Whether this type of adventure programming will continue to elude any mere collection of words, or become a formalized and distinctly articulated practice is yet to be seen.

We will begin this chapter with a range of definitions, allowing the reader to generalize the commonalities while gaining insight into the attempts to capture adventure therapy in words relative to its scope of practice and the roles and qualifications of its' practitioners. In short, the reader should realize, that much like other forms of adventure programming, adventure used for therapy has been developed as an approach in concert with other professions. As adventure tourism finds the adventure practitioner in the business realm, adventure therapy

finds an adventure practitioner in the psychotherapeutic realm and may well work across numerous other 'professional' boundaries.

The second section will illustrate adventure therapy practice through descriptions of core components and theoretical underpinnings with an emphasis on kinaesthetic understandings of change. The authors will outline not only what comprises adventure therapy, but also depict what distinguishes it from conventional therapeutic practice. The interested reader can conduct further research on the long established practices adventure therapy derived from, delivered with, and in some cases, possibly at odds with what will be presented here (see Gass, Gillis, & Russell, 2012; Davis-Berman & Berman, 2008; Pryor, Carpenter, Norton, & Kirchner, 2012).

Last, the authors will discuss current and future challenges faced by adventure therapy practitioners. The reader may find parallels to issues being addressed in other types of adventure programming and gain a deeper appreciation for the complexity and dynamic nature of this therapeutic approach.

### **DEFINING ADVENTURE THERAPY**

Adventure-based therapy was described in the early 1990's as having "more than one accepted method" of being conducted, and that adventure therapy "in most cases...is not used to replace other therapeutic interventions" but rather to enhance or enrich treatment processes (Gass, 1993, p. 5). In the early 1990's, Gass and other adventure therapy theorists and practitioners had identified that the breadth of approaches, qualifications of practitioners, and the difficulties in evaluating such diverse programs were leaving adventure therapy, as a practice, difficult to define exclusively. A word of caution had been issued by Weider (1990) to "not become myopic among ourselves, but actively seek input from other professionals" along with the suggestion that the adventure-based approach to therapy could be integrated and taught among other professions (p. 40-41). While maybe not called adventure therapy, programs had been offering adventure-based interventions for a broad range of populations internationally for many years when the discussion of defining practice emerged in the literature. It was then portrayed as a new and emerging field of practice, although may have been more accurately described a new 'theoretical approach' to therapy.

By the end of the 1990's and in response to the vagueness of such broad descriptions, and in recognition of the need for definitive descriptors in order to access mental health resources in some nations, adventure therapy became increasingly defined in alignment with the provision of conventional therapy rather than as an 'adjunct' activity to 'enhance' therapy. Gillis & Ringer (1999) in the previous edition of this text, for example, defined adventure therapy as "the deliberate, strategic combination of adventure activities with therapeutic change processes with the goal of making lasting changes in the lives of participants" (p. 29). This noticeable shift in definition places adventure therapy practice as directly responsible for the change, or, in other words, not an 'add on' experience to therapy. This interpretation has remained fairly consistent with adventure therapy literature from the United States. Gass, Gillis and Russell (2012) recently defined adventure therapy as "the prescriptive use of adventure experiences provided by mental health professionals, often conducted in natural settings that kinaesthetically engage clients on cognitive, affective, and behavioural levels" (p. 1). It is important to recognize the increasingly exclusive nature of this current definition—that practice should be in the domain of a defined profession, mental health—and

to consider its relationship to the diversity, and complexity, of health and mental health treatment services in the United States and elsewhere in the world. It is equally important to highlight the author's inclusion of the kinaesthetic nature, or physicality, of adventure therapy: a step toward a more integrated mind-body approach to healing.

There is little debate as to the advantages of adventure therapy gaining access to treatment funding and recognition along with more conventional established mainstream approaches. However, the prescriptive nature of this most recent definition excludes a significant number of service providers and practitioners who may still practice under more inclusive definitions of adventure therapy. Conversely, many practitioners internationally are not even cognizant, nor influenced by adventure therapy definitions outside of their home regions. Most notably observed at the Triennial International Adventure Therapy Conferences (IATC) and illustrated in the subsequent publication of conference papers (Itin, 1998; Richards & Smith, 2003; Bandoroff & Newes, 2004; Mitten & Itin, 2009; Pryor, Carpenter, Norton, & Kirchner, 2012) which illuminate the cross-cultural diversity of adventure therapy and the wide range of theoretical, spiritual, discipline- and population- specific approaches, program models and activities. During a Keynote address at the 5<sup>th</sup> IATC in Edinburgh Scotland, Russell (2009) identified a polarity between a scientific reductionist empirical understanding of adventure therapy and a naturalistic holistic understanding, or as he framed it, adventure therapy—body and soul. In essence, the IATC community appears to have opted to resist moving toward a finite definition of practice and to embrace the diversity; recognizing the multiple roles adventure plays across helping and healing fields of practice (Pryor, 2012).

*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* (World Health Organization, 1946)

In a recent special issue on outdoor and adventure therapy, editors Richards, Carpenter and Harper (2011) reiterated the increased application of outdoor adventure programming for desired psychotherapeutic and health benefits internationally. From therapeutic forest walks in Japan to culturally defined wilderness therapy in Botswana, the attempt to capture adventure therapy by definition may be beyond reach unless distinct divisions are drawn by practice, profession, populations or other factors. The authors acknowledged cultural and historical views regarding the knowledge of health—that is an ecological perspective of health. This vision of adventure therapy is inclusive of the individual, others, and the environment: supporting the natural evolution for adventure programming to be aligned with counselling and psychological therapies in addressing a wide range of clinical and broader health concerns. Further, they outlined a host of different terms describing practice which may be seen as falling under the “umbrella” term of adventure therapy: a notion which resurfaces again and again in the literature, that adventure therapy “encompasses a myriad of approaches to the integration of adventure and therapy” (Gillis & Ringer, 1999, p. 34).

Internationally, adventure therapy practice has generally maintained its linkages to allied practitioners and delivers programs and services under the auspices of regulatory bodies in professional disciplines such as counselling, social work, psychotherapy and so forth. While mental health is one specific area addressed by adventure therapy practitioners, and a prescriptive element of a recent adventure therapy definition, health, by a widely accepted definition seen above, includes mental health as just one aspect of complete health. An integral definition to adventure therapy practitioners for overall health has been offered. Mitten (2004) suggested adventure therapy could align itself with ‘complementary and

alternative medicine' suggesting that this therapeutic modality is well grounded in mind-body and biological-based understandings of health and well being. In this regard, Mitten suggests that adventure therapy is healthcare. Pryor (2012) reiterated this notion in identifying that a spectrum of adventure therapy practices, regardless of depth of intervention, program design or length, or client-type, are all well positioned to improve physical, mental, social, spiritual, cultural and environmental well-being.

Mitten and Itin (2009) proposed 'adventure wellness' as a global term to embrace the diversity of practices currently identified, discussed and debated as to their inclusion under the adventure therapy banner. They indicate that definitional arguments often split the field by operational practices (adventure vs. wilderness), client needs (prevention vs. treatment) or intended outcomes (therapy vs. therapeutic) and may further marginalise the field in its effort to establish recognition. To better embrace diversity of practice meaningfully, they offer a term that would be inclusive of the spectrum of clinical applications, guiding philosophies, experiential practices as well as attend to cultural, spiritual and ecological influences (Mitten & Itin, 2009). As a definition, 'adventure wellness' more easily skirts the pluralities of adventure therapy practice and a 25 year debate, and encourages the gathering of a broader more inclusive field of practitioners and theorists. The authors' suggestion for a "professional transnational discipline", (p. 8) defined as adventure wellness, has yet to receive its deserved attention among practitioners, theorists and researchers.

A last note on definitions may help to illustrate the pluralities of adventure therapy. Not meant to confuse the reader, nor imply that the following approaches are the same, however, adventure therapy'esque approaches have been labelled in literature, but not limited to, the following names: adventure-based counselling, adventure-based therapy, wilderness-adventure therapy, wilderness therapy, wilderness treatment, outdoor therapy, nature-based therapy, bush adventure therapy, eco-therapy, therapeutic recreation, outdoor behavioural healthcare, therapeutic wilderness camping...you begin to get the picture!

## **CORE COMPONENTS & THEORETICAL UNDERPINNINGS**

To an outside observer, say a hiker coming across an adventure therapy group on trail, there may be nothing identifiable in the passing of this group to indicate that 'therapy' is taking place. This is no different than the comparison between the observation of an adventure education group practicing technical skills and a recreational group enjoying the same activity. Unless one is embedded in the group, or aware and understanding of the rationale for particular leadership and facilitation approaches taken by the leader, one would not necessarily guess the type of adventure programming undertaken.

In regards to the physical activities of adventure therapy, they are also hard to differentiate from other forms of outdoor and adventure programming. It is the unseen, less tangible aspects of practice that define and differentiate adventure therapy: client characteristics; reason for engagement; desired outcomes and the nature of the adventure facilitator's mandate; training and approach to practice. In short, adventure therapy occurs across activity, skill, geographical, and other differentiating lines of adventure programming. An adventure therapist may work trailside through conversation during an extended backpacking trip, or while a client is squeezing through a constriction in a cave.

Gass et al (2012) briefly outlined the following core elements of adventure therapy practice which assists in understanding those aspects which often set adventure therapy apart from more conventional therapeutic practices: influence of nature in the therapeutic process; the positive use of stress; active and direct participation of individual (often a kinaesthetic activity); including personal responsibility for therapeutic change; natural consequences associated with participating in adventure activities; focus on positive change in present and future functional behaviour; and a strong ethic of care and support throughout the process. Further, adventure therapy in practice clearly has less time and space boundaries than conventional therapies, can increase the potential for transference issues from client to therapist, and due to intensity and sometimes duration, can increase opportunities for the transfer or embodiment of learning. While conventional therapeutic practitioners may recognize and employ some of these elements in their practice, they are generalized here as common to adventure therapy practice.

A list of key characteristics of adventure therapy program may echo that of other types of adventure programming: challenge; risk; reflection; novel settings; experiential learning and so on. While often used across adventure programs, it is generally the therapeutic intent and guidance of the facilitator that delineates adventure therapy from other forms.

Since adventure therapy practice is often embedded in broader frameworks of adventure programming as well as therapeutic practices or traditions, the philosophical underpinnings can be related to different, and sometimes even opposing or incongruous concepts about change and change agents. For example those who place high importance on knowledge and rational understanding as a sufficient source for change may be disappointed in the bodily kinaesthetic approach to change utilized by many adventure therapists. In this approach, understanding of new knowledge or change may be felt, rather than rationally understood and articulated. This begs the question: how can we recognize the value of affect and cognition; rather than one more than the other?

There are specific characteristics however, that can transcend these differences and at the same time highlight the strengths of the adventure therapy approach compared to traditional therapeutic practices. The authors invite the reader to explore with us the diverse possibilities for therapy through adventure programming with attention to the 'kinaesthetic' characteristics listed below. These will then be briefly described to invite deeper thinking and reflection on practice amongst adventure therapists:

- Active kinaesthetic;
- Experiential learning methodologies;
- The invitation to act, the urge to decide and the encouragement of bodily involvement;
- In and out of therapeutic context;
- The generation of metaphors;
- Experimenting with archetypes;
- Our whole being and existence condensed to 'me in this situation';
- An alternative entrance to awareness;
- The therapy focuses on possibilities and strengths instead of limitations and vulnerabilities;
- Actions have clearly visible consequences.

Avoiding jargon from psychotherapy will allow the reader entrance into some of the nuances, or 'meta-skills' employed by adventure therapists. Each section offers a brief introduction to the opportunities adventure activities offers a client in moving toward desired health and

wellbeing. These realities of practice are not in any way restricted to adventure therapy, and are instead, available to any practitioner interested in advancing their own work with adventure program participants. Additionally, these ideas have to be considered in the context of your organizational mandate, professional competencies and the needs and goals of the individual through formal assessment and contract.

### **Active kinaesthetic**

An active, behavioural involvement is central to all adventure therapy programs. Consequently all philosophies that give value to the expression of body, movement, having a presence, and dealing with emotional responses are included. We encounter this in frameworks such as Gestalt theory and its value to ‘experimentation’ and the emotional focused therapies that look at emotional schemes as a construct that implies not only symbolic-conceptual and perceptual-situational elements, but motivational-behavioural and bodily-expressive as equally important (Elliot et al, 2003). On a broader scale, all experiential therapies, with their focus on the here-and-now perceiving, feeling, thinking and behaving, might embrace adventure as a therapeutic means to change.

Bergman and Hewish (2003) suggest drama, art and movement provide clients who only have limited powers of verbal expression with some new ways to tell their stories, as well as fresh strategies to investigate themselves. Experiential therapies encourage ‘in the moment’ responses very similar to real-life behaviour, and therefore often get to the heart of matters more quickly and effectively than talk therapy or classical psychotherapies.

### **Experiential learning methodologies**

Outdoor adventure activities are the primary practice of adventure therapy, while experiential learning methodologies guide its facilitation. As seen throughout this text, adventure based outdoor activities have provided context for a diverse range of applications across the human experience. As such, the fundamental processes of designing and delivering adventure-based activities are fairly common regardless of their application or depth of intervention. Further, the concept and realities of experiential learning facilitation have played a central role in the development of these multiple expressions and manifestations of adventure programming.

We learn from experience. What we take away from an experience is within our own subjective reality and has to be reconciled with what we knew prior to this experience. Ringer (2002) shared that under the ideal conditions; experiential learning facilitators can accentuate or encourage participant focus on the learning experience and its interpretation, which in turn, may lead to shifts in beliefs, attitudes, feelings and behaviour. He goes on to warn however, that the facilitator must avoid interpreting or directing participant understanding of the experience and allow for inter-subjectivity which exists among those present. In adventure therapy for example, groups are often utilized, and an experience among ten may result in ten interpretations.

What one thinks, feels, and does related to a group experience, adventure-based or not, produces what we refer to as learning. How the experience is facilitated may produce greater or lesser intensity, which in turn may produce deeper or more relevant insights for the participant. It is critical that, as stated earlier, that the facilitator assist, but not direct the meaning-making of insights from participants, thereby preserving the outcomes ‘experiential’ nature (Fenwick, 2003). This message has long been present in the literature of adventure

therapy. Weider (1990) in the first edition of this text, for example, referred to the skilled facilitator in a Taoist ‘water over stone’ manner as one who “is hardly noticeable in the process” (p.42). Unfortunately, it has been shown that adventure facilitators are ‘gatekeepers’ and often bestow privilege on certain knowledge and not simply on the realities of participant understanding of the experience (Brown, 2002). A balanced approach is needed to allow for client insight, as well as guidance from the therapists to help the client discover potential barriers to change once the insight, or need for change is identified by them (Kegan & Lahey, 2008). Experiential approaches allow the client to test their affective and cognitive assumptions in a ‘testing and subsequent revision’ process; one of challenge and support, an approach ideally facilitated through adventure therapy practice.

Outcomes in experientially facilitated adventure therapy practice should be ‘emergent’ and not pre-determined. Just as the outcomes of an adventure, by definition, are unknown, thereby allowing us to call them adventures, rather than some mechanistic procedures with known outcomes. The authors are not suggesting therapists operate without working hypotheses of client needs relative to presenting issues, however, as a field of practice, we should be clear when we are and when we are not operating ‘experientially’.

### **The invitation to act, the urge to decide, and the encouragement of bodily involvement**

The initial hesitation of clients to become involved in action is often lower in an adventure setting and the presented activities are often experienced as being less artificial than the ‘exercises’ or ‘experiments’ being presented in classical therapeutic settings. The task seems to be more functional and useful. The natural environment provides an occupation that is perceived as being meaningful, pleasurable and rewarding and has a positive influence upon a person’s self-concept (Corazon et al, 2011).

*I think it has been the very first time in my life that I really felt useful. That my presence, my existence, my life made a difference. That it mattered that I was there. That I was really needed. That I made a difference.* (client response).

At the same time bodily involvement is encouraged as an integrated part of the therapy and as such differs substantially from the traditional therapy setting (Corazon et al, 2011). This involvement most often requires natural movements and efforts, and the situation itself guides us how to proceed. We ‘know’ how to act if we listen attentively to our body. Look at how a child climbs: fluently, spontaneous, and sensitive to his own balance or equilibrium, sensitive to his own being-in-the-world. Technical mountaineering handbooks emphasize this in their own way. Eric Langmuir, in *Mountaincraft and Leadership* stated:

*It is one of the great joys of climbing that it is such a spontaneous and uncomplicated activity. Of course, there are techniques to learn and some modern climbing involves the use of a lot of highly specialised hardware, but in spite of this, at its roots, it is very much a matter of doing what comes naturally.* (p.137).

When we lack part of the capacity to listen to our body and what our organism needs, or in other words, when our awareness of the here-and-now is insufficient; we will draw back to routines or to coping styles that are more familiar to us. In a natural environment they will more obviously stand out and become visible. In complex daily-life challenges, it is often not that obvious what the structure of our habitual but perhaps dysfunctional coping style is. In a rock-climbing session it is very visible how someone overestimates their targets (holds are out of reach), how someone

does not fully commit to a move (with full body-weight) or tries out different alternatives (footholds or hand holds).

The need to make a decision and act upon it is indeed more urgently present in adventure therapy. To stall or to postpone has more visible and often immediately unpleasant consequences. Consider a group of canoeists ready to launch boats when a client decides to not proceed. Being 'stuck' is bodily felt, and closely related to the need to load and embark down river.

In less urgent situations, consider office-based therapy for example, we can postpone the decision more easily: by waiting, by looking for distraction, by arguing, by buying more time for a decision. But in adventure situations that is more difficult. The water you are standing in is so very cold that you have to decide to get across the creek or to get out now; or you are getting so very tired waiting to try a different handhold that you need to climb on, or fall.

*For the client who tends to be stuck most of the time in an indecisive and non-committed way, the greatest learning may be gained from learning to make this final contact (Clarkson, 1989, p. 113).*

This urge to decide is brought on by the immediacy of the experience of adventure. It is especially salient for clients who seldom actively make decisions for themselves. They are urged by a particular situation to leave their old and well-known patterns, and to engage themselves in the new and unknown, to feel how the new experience of taking a stance and actively engaging can help them:

### **In and out of the therapeutic context**

The way in which clients engage themselves in various outdoor adventure activities could be considered a series of enlarged and linked 'therapeutic experiments'. While this is similar to a classical therapeutic session, a significant difference is the explicit distinction made in a classical approach between what happens within or 'inside' versus 'outside' of the session. This contrasts sharply with a multi-day hike, for example, where the entire activity is part of the 'session'. The therapeutic contract is extended and also includes the more daily habitual activities of our functioning (Ray, 2005). Do we take part in the cooking and with whom? Do we insist on the privacy of a tent? Do we help carry someone else's gear?

Program type, intensity, length and other variables can be adapted to address individual or group needs during the assessment, design and delivery stages of the adventure therapy program. One area needing further exploration in adventure therapy is the role of the client-therapist relationship, or alliance (Harper, 2009). Understanding and better addressing the agreed upon goals (why client is in program), tasks (what will be done during program to reach desired ends) and quality of the relationship (bond) between client and therapist may extend the 'inside' of the session to accelerate the potential for positive outcomes. This is easily imagined as the therapist in an adventure activity would be hard pressed to turn therapy "off and on" during a day-long climb of a mountain peak.

### **The generating of metaphors**



Many psychotherapeutic approaches utilize metaphors or have them embedded in their therapeutic approach. Verbal metaphors are used by clients to better explain the otherwise inexpressible. They are created by therapists to illustrate or check their empathic understanding of the client or to enforce an interpretation. They might also be co-created in the contact between client and therapist or on a group-level. In adventure therapy they tend to take a more prominent place. Described by Bacon (1983) as one of the cornerstones of therapeutic change in outdoor adventure programming, metaphor has been given significant attention in the literature (Gass, 1995; Hovelynck, 1999; Priest & Gass, 2005). Here as well, the adventure context seems to occupy a privileged position. On the one hand the presented activities seem to possess intrinsic qualities which generate strong verbal metaphors. On the other hand, and almost spontaneously, the activity gives birth to images and meaning (Peeters, 1997). Meaning-giving and metaphors do not, and cannot, be sought or invented; they present themselves and 'emerge' from the interplay between participant and activity.

*Mark during a rock-climbing session...stuck. Mumbling to himself, shouting and cursing. Tears running down his cheeks, refusing to give up and be lowered down. "Leave me, I have to finish something off here". A rock-climb that takes almost an hour, but which gives him a lot of relief and satisfaction when he eventually succeeds in getting to the top. As well as pain and sadness. Later, he describes how he wasn't on the rock-face any more, not at all. He was fighting against his fathers' judgement: his father who always undervalued him, underestimated his achievements and judged he would not succeed in the challenges he chose, or the studies he wanted to undertake. His own father predicted him to fail and saw him as a loser. Peeters (2012)*

Phrases and expressions from our different native languages regain their authentic, physically tangible meaning: 'can't see the forest for the trees,' 'getting off track,' 'loosing ones' bearing', 'feeling safe', 'reaching out for someone', 'feeling stuck' in these settings. During such activities there is a direct and essential experiencing of themes which are normally only expressed or felt symbolically. As a result of this direct and bodily-felt connection, this lived-experience can be brought back to behaviour or challenges in daily lives by means of the same expression or metaphor. An example to illustrate this:

*The group members are surprised by Danny's courage. He climbs to the very top of that pole. Then he stands on top of it, turns around and jumps off while being belayed by the other directors of the hospital where he works as a manager. Back in the hospital he is known as being very careful and even hesitant in the decisions he has to take there. Reflecting on his contrasting behaviour, there versus here on the ropes course he concludes: "here I feel safe. And when I feel safe (and he points to his team members holding the belaying ropes) I dare to take risks. At work I don't have such a safety system to protect me when taking risks". And after another thoughtful moment: "perhaps I should ask the board members more often to hold the ropes if I want to make a potentially risky jump at the hospital..."*

Furthermore, the creation and expression of metaphors in adventure therapy programs are not only related and limited to the linguistic realm but is expanded to the enactment of them as well, and may even occur within a solely non-verbal context (Hartford, 2011). Thus, the process of change experienced by the client through the development of non-verbal development or insight may provide them with more 'handholds' and can be 'anchored' more widely and solidly in a person.

The authors do want to state that this described process is a very idiosyncratic one to us. It is our firm belief that one cannot prescribe or dictate metaphors to make them emerge. Neither does a specific activity lead to a specific and generalised metaphor that is meaningful for any individual or group of participants—as is suggested by some authors such as Gass (1995) in the *Book of Metaphors*, or Bacon (1983) in *The Conscious Use of Metaphor in Outward Bound*. As opposed to a superficial, easy to handle cookbook, there is no pre-set recipe for cooking up a metaphor or interpreting someone else's potential insight (Hartford, 2011; Ringer, 2002; Weider, 1990).

The presence of a respectfully close and skilled therapist, empathically attuned to the language, the non-verbal communication and the meaning-giving process of the clients might be a more authentic but less easy-to-use approach to the facilitation of true-felt metaphors, be it an individual or at the group level.

### **Experimenting with archetypes**

Therapeutic approaches often utilise the playing out of archetypal images, events and figures and other roles as a therapeutic tool. This is described by Dayton (2005) in her development of Psychodrama, and in the use of some Gestalt experiments (Zinker, 1977). She posits that clients have to engage themselves in taking a role, and starting to act within a fantasised reality as is the case in more traditional therapies, this process is a natural part of the engagement in adventure activities.

Archetypes such as the Hero, the Hermit, the Helper as well as different family figures are recognised in the way participants engage themselves in some of the presented activities. An opportunity becomes present to experiment with new behaviour or a new position in a group, often in a way perceived as more natural and because the situation 'asked for it' contrary to a set-up where specific outcomes are sought.

Due to the daily-life challenges that accompany multiday adventure programs, family-like structures seem to develop within most groups. Experiencing the value of certain family-related archetypes can then create new opportunities for growth. Relating with the older sister you never had or re-discovering a father-like connection can broaden and enrich our relational patterns. In our opinion this natural embeddedness heightens the possibilities for corrective emotional experiences, and new learning or healing to occur.

### **Our whole being and existence is condensed to me-in-this-situation**

Adventure therapy in remote locations, gains further strength from another source. Due to the simplicity of the challenge, the isolation and the interdependency of the group members and the duration of the experience, our whole existence is condensed to what we term the 'me-in-this-situation.' Or, as one participant described:

*It's inevitable. It becomes impossible to not look at oneself and see how you present yourself in the everyday tasks. How much weight do I carry for the group? How much of the meal do I serve myself? Why don't I get involved in the map and compass route-finding?*

These everyday tasks can then easily become a metaphor for other life-relevant themes which seem more tangible, concrete and easy to deal with and talk about in this context. In remote

and isolated places, the alternate perceptions of space and time enable us to explore and question actions and responses within a challenging yet nurturing environment.

### **Nature and its qualities as projection screen**

When we look at a landscape, we do not *see* what is there, we tend to see what we want or *think* is there. We ascribe a landscape certain qualities that it does not possess and appreciate it for that (MacFarlane, 2003).

‘Projection’ is one of the many mechanisms through which people connect with their environment. In a projection we negate the presence of a personal trait or feeling or need and place it outside us, in another person or object. Since nature is indifferent and neutral, it is easy to ascribe it with unwanted or uncomfortable personal characteristics or needs. Further, authentic and facilitated connection with landscapes can provide a wide variety of meaning-making opportunities for clients and therapists (Harper, Carpenter, & Segal, 2012).

In a therapeutical process therapists can thus help clients in their process undoing a projection and re-owning the previously ‘denied’ material, in order to more fully integrate different parts of themselves in a more harmonic way. Last, the knowledge gained and meaning derived from learning in a landscape may result in an increased sense of self in relationship to place (See Harper et al, 2012).

### **An alternative entrance to awareness**

In classical psychotherapy, insight often precedes a renewed awareness, and as such, the possibility to change. Sometimes the gateway from that new understanding towards a heightened awareness, and from there towards a changed behaviour, is not that well marked or is difficult to pass through. Clients then report that they know what and when to act, or how to be different in the future; but they are not able to tap into these resources when involved in action. They seem to be taken by surprise, or report that it ‘happened again’, although they had the intention to do things differently and to learn from previous situations.

Adventure therapy activities provide an alternative way: the alternative behaviour can be the entrance and fuel the awareness of the meaning-making process. Instead of waiting for rational self-arguments or insights as the necessary starting-point for change, clients can begin experimenting with alternative behaviour, and trying out new things whilst being aware of the effect on themselves. As discussed previously, the client who is reluctant to make decisions, demonstrates their capacity to decide by instantly responding to the cold water or the need to move; insight into their actions comes after the changed behaviour rather than preceding it. Kegan and Lahey (2008) suggest that our “immunity to change” is constituted, in part, by our “competing commitments”; commitments that are often outside our awareness and completely contrary to our stated intentions. These competing commitments block our efforts to effect the very change we desire. Adventure therapy can raise awareness and assist in diminishing barriers to change.

### **The therapy focuses on the possibilities and strengths instead of on limitations and vulnerabilities**

A broad range of therapeutic directions focus their attention towards problematic behaviour, the vulnerabilities of the client and an exploration of the hurt/trauma. According to the adagio that 'what gets the attention will grow' this will have an effect on the therapeutic outcomes. The 'soft' empathic approach from a client-centred perspective where acceptance is one of the major basis attitudes has proven to have the effect that clients will surface their sadness, vulnerability and uncertainty (Missiaen & Wollants, 2000). Other more active and provocative approaches tend to develop the strong elements of a persons' identity and promote the differentiation between individuals.

In the adventure therapy approach the attention and the perspective is placed on the present and on the future. It illuminates different ways to act and to engage oneself with all of our skills and abilities, with our limitations and taking into account our personal history, but focussed on possibilities and strengths

### **Actions have clearly visible consequences, and no arbitrary rewards or punishment**

Actions and activities in nature are rather simple and straightforward in comparison with the everyday challenges we have to face. Behaviour in this realm has clearly visible consequences, no arbitrary rewards or punishments. The areas where we can be in control and where we have no control at all are clearly separated. Where we have no control we can anticipate or adapt ourselves.

*The assertion of individual control is incompatible with much of what wilderness offers and demands; rather than struggling to dominate a hostile environment, the participants come to perceive their surroundings as quite safe as long as one responds appropriately to environmental demands. Thus there is tendency to abandon the implicit purpose of control because it is both unnecessary and impossible (Kaplan & Talbot, 1983, p.54).*

Or, as the participants put it themselves:

*If it continues to rain like this we know that we'll not be able to cross the river until the water level drops again. We can't control the water level. But we can make the choice to stay on this side of the river for the rest of this day. It's not easy walking, but we'll find a good camping spot here.*

*We're not sure if this beautiful weather is going to hold or change suddenly into thick mist or a downpour. Weather forecasts are not very reliable in the mountains. But we have our waterproofs and warm clothing and a tent in our backpack. We can anticipate what might happen.*

## **CHALLENGES FACING THE ADVENTURE THERAPY FIELD**

*You cannot step into the same river twice. ~Hereclitus*

Change is constant. Adventure program practitioners, regardless of their underlying objectives or specific training, recognize the potential of adventure as a catalyst for change. Adventure therapy, in isolation or in alignment with other conventional practices, has been shown to produce individual change in social, psychological and behavioural domains (see Gass et al, 2012; Russell, 2004). One major question continually heard at international

adventure therapy gatherings, and relative to the suggested adventure wellness term offered by Mitten and Itin, is “what role do we want adventure therapy to play in human health and well being?” Do we as a field of practice desire to stay in the realm of human disease, dysfunction and pathology? Or, do we move toward a healthcare approach suggested by Mitten? Or do we embrace both, recognizing that undiagnosed and untreated psychopathology is a barrier to greater health, and must be addressed in order to unleash the possibility of higher forms of wellness (e.g., maturity, spiritual awakening, transcendence...).

Pryor (2012) suggested that taking a socio-ecological perspective as an agent of change in adventure therapy would place the practitioner in need of an integrated, or integral (Taylor, Segal, & Harper, 2010) approach to adventure therapy. This suggests elevation above the role of therapist and the intentions and functions of therapy alone, and would be inclusive of broader considerations for practice. Shared here are but a few current and future challenges for the adventure therapy field to address: the role of contact with nature, articulating and honouring transcendent and spiritual experiences, public education of practice, and resistance from generative practitioners to a narrower “professionalized” conception of adventure therapy.

### **Role of contact with nature in adventure therapy**

The field of adventure therapy has the potential to develop and deliver socio-ecologically grounded programs and interventions across diverse populations and settings. Contact with nature has been shown to be a strong determinant of health, thereby justifying significant consideration in designing intervention strategies. Adventure therapy literature has been criticised for seemingly forgetting to include the therapeutic role of nature (Beringer & Martin, 2003; Taylor et al, 2010), however therapists and researchers have moved in earnest toward further understanding and articulation of the role nature plays in adventure therapy (Berger & McLeod, 2006; Gass et al., 2012). Contemporary literature has toyed with the notion of a ‘nature-deficit disorder’ while the present authors prefer to not pathologize with fear and deficit-based terminology, we do agree with the conceptual frame upon which it was put forth—that many people today are less connected with wild nature than in previous generations. Modern western living patterns include increased urban living, densification and development of those urban settings, and hurried and consumerist lifestyles requiring increased commitments; essentially reducing one’s personal leisure time which may be spent in nature. Economics, access, and a myriad of other factors have reduced the ease of humans spending time in contact with nature.

Children have suffered most from the effects of this increasing disconnect from nature; increases in childhood obesity, depression, learned helplessness, reduced attention spans and lower social and motor skills have been implicitly assumed a result (Berman, Jonides, & Kaplan, 2008; Faber Taylor & Kuo, 2006; Kuo & Faber Taylor, 2004). Contact with nature has been empirically demonstrated as an antidote to the aforementioned issues (Maller et al., 2005) and some theorists have claimed that time spent in nature is a critical factor in healthy emotional, cognitive and spiritual development (Kellert, 2002). Ulrich, Simons, Losito, Fiorito, Miles, & Zelson (1991) showed clear indications that contact with nature reduced stress through physiological research. Muscle tension and cardiovascular tests indicated that ‘stress’ levels were reduced in participants when exposed to nature vs. urban scenes. Shin, Shin, Yeoun and Kim (2011) found significant increases in cognitive functioning and positive mood states in participants who spent time walking in forests versus walking in urban settings. This line of research provides distinct support for the adventure therapy practitioner;

that contact with nature improves biological and cognitive function. How this now relates to adventure therapy practice and how we can support this as a central element of practice is yet to be determined. Simply put, we would be negligent to practice adventure therapy without awareness or consideration for the benefits of spending time in contact with wild nature.

### **Articulating and honouring transcendent and spiritual experiences**

Thoreau (1962) spoke of transcendence in nature, the experience of going beyond natural limits of possible [current] human experience or knowledge, the spiritual transcendence, and not necessarily of the Christian ‘God-as-creator’ variety. We all carry an innate capacity to be a part of nature, rather than separate from it—a journey or expression of soul, according to classic nature writers, or of spirit, to those who see the extant experience as outside of ourselves. Transcendence and the *wilderness condition* have often been connected in literature. So, if an adventure therapy experience allows a client a transcendence or spiritual experience, can pathology be better addressed? While literature on wilderness experiences has hinted at heightened and transformational experiences, it is still unclear what specifically brings about those experiences.

Psychology and social and human development theorists offer a few alternative explanations for what may be transcendent or transformational experiences: Csikzentmihaly’s (1993) *flow theory*, and Maslow’s (1964) *peak experiences*. The former, flow, is a sense of timelessness experiences when one’s abilities are well-matched with tasks, a response to activity often describing a loss of one’s sense of consciousness. The latter, peak experiences, have been described as transpersonal or ecstatic states, often including sudden feelings of intense happiness and well-being, wonder and awe. While both theories flirt with transcendent ideas, they support a variety of human experiences that adventure therapy in wilderness could be effective in achieving. Flow and peak experiences are often described in literature as occurring outdoors or in wild nature.

If we have an innate affinity for nature, and derive positive psychological and emotional benefits from it, is it possible that these experiences, with skilled and intentional guidance, could produce transcendent experiences for personal growth and development? Is it possible that the experiences described as transcendent or spiritual, in our existence of disconnection from nature, may simply be an experience of what it feels like to be fully human; just one species embedded within the intricate web of life?

Hay (2000) claimed that all humans have a predisposition toward spirituality and that this characteristic has been compromised in our western ego-centric society. The author proposed a non-religious and cross-cultural existence of ‘relational consciousness’, which describes our innate tendency to sense our connectedness—or relation to—the human and more-than-human world. It is through the sensing of awareness, mystery and values that comprise relational consciousness, although we are today exposed to highly individualized thinking, and as the author suggests, have forgotten our spiritual selves.

The constructs of Hay’s relational consciousness provides insight to advancing spiritual education (transcending religious boundaries) and a model for the adventure therapy field to advance its impact and relevance through an integral approach to health and wellbeing. Adventure therapy offers fertile ground for spiritual work and may provide clients abundant opportunities for planned and spontaneous ‘heightened’ experiences if within the mandate and skill set of the adventure therapy program facilitators. These ideas suggest we can expand

our conceptualisation of human development, transformational experiences and the potential of adventure therapy as a practice to allow clients to move toward increased maturity and spiritual well-being.

## **Public education**

A two-fold need exists to better inform practice internally (as practitioners and theorists) and to educate others about adventure therapy practice externally (public, government, insurance and licensing bodies...). Evidence-based practice is driving much demand for research and standardization in some nations yet, as an emerging practice, adventure therapy is rather immature in its ability to articulate fully its change processes, that is, how adventure therapy actually works. That said, considerable advances have been made through research and the applied work of organizations practicing adventure therapy to shed light on the theoretical underpinnings.

Within the adventure therapy field, a recent text by Davis-Berman and Berman (2008) entitled *The Promise of Wilderness Therapy* clearly delineated the activities of wilderness adventure therapy (i.e., outdoor living and travel, adventurous activities ...) as ‘adjunct’ to therapy. In the author’s words “group and individual therapy is the heart of the wilderness therapy program” (p. 15). This clinical articulation of milieu as backdrop for clinical ‘work’ may further limit the promise of wilderness and adventure *for* therapy by supporting a dominant discourse of the clinician, possibly demonstrating territorialism of therapist or a reflection of the limited scope of understanding within the field of how nature and a myriad of other variables may mediate or confound clinical outcomes. It is also necessary to identify that many adventure therapy practitioners and researchers recognize the arguments herein and desire to better articulate these understandings (e.g., Gass et al, 2012).

Externally, adventure therapy is truly underappreciated and less known. Efforts are being made internationally, and across professional boundaries to increase awareness and understanding of a therapeutic approach on the margins of conventional practice; one approach that may prove to be equally effective or superior to those already considered ‘mainstream’ practices.

## **Resistance from generative practitioners**

Resistance to reductionism is common across divergent and integral thinking adventure programs leaders; the generative practitioners (Loynes, 2002, Carpenter & McKenna 2012). Facilitators of groups in adventure therapy recognize the diversity of influences and factors present in the experience and are hard-pressed to clearly identify which activities or processes lead to specific outcomes. This resistance may be found in the belief systems of practitioners who recognize the inherent interconnectedness of things: an “all things are relevant” approach to group facilitation (Ringer, 2002). The growing pressure in some nations for evidence-based practice challenges approaches such as adventure therapy with a significant task: prove to those in funding, licensing and accrediting positions your worth, or forfeit access to those provisions. While not yet an international reality or one that we should enter into lightly (Harper, 2010), adventure therapy may be subjected to the same demands for evidence as other recognized mental health practitioners.

*Psychotherapy is almost exhaustively described, researched, taught, practiced, and regulated in terms of the medical model's assumptions and practices—but does it merit its apparent dominance? Duncan, Miller, & Sparks (2007).*

Many adventure therapy practitioners are avoiders of dogmatic approaches and rigid standards of practice; something desired by the therapist-driven agenda of psychotherapy and boundary seeking professions. Those locating their adventure therapy practice in an integral or ecological framework will not find it comfortable nor 'natural' in practice defined by rigid or manualised standards and policy. An element of the outdoor anarchist lives on across adventure practitioners and is still very present in the adventure therapy community internationally.

Ecology as a field was once dubbed the 'subversive science' as it attempted to bridge numerous scientific disciplines, thereby eroding the walls that held up the disciplinary 'ivory towers' of academic elitism. The realities of those trying to live and work interdisciplinary—in and outside of professional and territorial boundaries of multiple fields—continue to produce interesting results through innovative and dynamic program and intervention designs. Adventure therapy, as seen internationally, appears to be actively engaged across a spectrum from the 'ivory towers' to 'earthen trenches'.

## **SUMMARY**

Adventure therapy offers a way forward for many individual, societal and global issues; beyond the redress of just pathological dysfunction. The authors have tried to present adventure therapy from an inclusive international perspective and to not fall into a myopic vision based on the dominant discourse of published literature. Further, our conceptualization of practice, desire to highlight the 'lived and embodied' kinaesthetic agents of change, and expression of future challenges are our own, drawn from association and membership in the international adventure therapy community; we do not claim to speak with authority for the development or practices of adventure therapy in any one particular region of the world. Adventure therapy to us is a therapeutic approach claimed by many diverse practitioners across numerous professional domains.

The scope of practice in adventure therapy is such that you may find literature cited in adventure therapy from systems theory, ecology, community development, urban planning, anthropology, neuroscience and an open spectrum of social science researches including psychology, counselling, social work, psychotherapy, a list that grows every year. An integral model of adventure therapy is emerging in the literature to include the role of the environment, culture and community level change: a reflection of the relatedness of all things, including humans, their behaviours, and their relationship to nature. A broader conceptualisation of adventure therapy potential may present other fields of practice with options to address cultural, environmental, and societal issues beyond simply administering to individual psychological and social dysfunction.

As a therapeutic approach, adventure therapy has the potential to create significant change in the lives of clients served. What is difficult to report externally at this time is how change occurs for clients in adventure therapy. Outcome studies can demonstrate change; however, the long standing criticism of experiential learning approaches in general continues with lack of expressed and tested theories of change. Not to despair as this is also the reality of most psychotherapeutic approaches! Treatment literature shows 60-90% of variance in therapy



remains unexplained (Luborsky, Singer, Luborsky, 1975), models of therapy and therapist training may account for 10-15% of variance at best (Lambert, 1992), and that specific program components explain little to no effect (Ahn & Wampold, 2001). This reality is difficult for therapists and other change-oriented practitioners to reconcile; how then does change occur? What is becoming more evident is that adventure-based therapeutic approaches have begun to show promise in clients served, regardless of the professional domain in which the therapist resides. Conventional mental health and psychotherapy practitioners have begun to consider taking therapy outdoors and to include physical and experiential activity. This seems an ideal place for formal merging of disciplines to build ethical and effective programs between adventure and therapeutic professionals (Harper et al., 2012).

As far as defining adventure therapy, resolution may not be achieved at an international level considering the realities of cross-cultural practices aligned with the larger body of adventure practice and practitioners (Norton & Hsieh, 2011). As a field, many practitioners and theorists are delving deeper into ecological, spiritual and cultural understandings of change, transition and healing as they relate to adventure-based approaches. While competing local and international ideologies about theory and practice will rage on, we accept that this is what provides the catalyst for future advancement of our field. There is one belief however that appears to unite most working in the adventure therapy realm: that adventure practice combined with ethical and well facilitated therapeutic process has significant potential to influence change on many levels of human and social development.

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#### Chapter Discussion Questions:

- 1) What is adventure therapy and how is it differentiated from other adventure practice?
- 2) List and describe 3-4 specific characteristics of adventure therapy practice?
- 3) What can adventure therapy offer individuals that therapy alone cannot?
- 4) What challenges are the field of adventure therapy faced with?
- 5) How would one become an adventure therapist?