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ARTICLE



A cross-cultural exploration of 'wild' in wilderness therapy: Canada, Norway and Australia

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ABSTRACT

This paper addresses pluralistic understandings of wilderness in the context of wilderness therapy (WT). The term wilderness perpetuates a modern worldview of place that beyond 'civilisation' exists an environment defined by risk, fear and an unpredictable nature. WT utilises outdoor travel and living practices during therapeutic intervention and health promotion although empirical justification for its use of wilderness for therapy is not yet established. This paper provides three cultural perspectives on wild places in relation to WT. These national perspectives are informed by local practices, historical and societal understandings of wilderness and supported by related literature from Canada, Norway and Australia. The authors (1) illustrate a number of contemporary western assumptions about wilderness enshrined in the WT and outdoor adventure literature, (2) cautiously propose core purposes for using wild places for therapy and (3) encourage further development of WT practice and research within national, regional and even across organisational contexts.

KEYWORDS

Wilderness; wilderness therapy; wild places; cross-cultural perspectives; place

Contemporary and shifting notions of wilderness

Wilderness is no longer the natural state of the world, stretching for hundreds of unbroken kilometers around settlements of artificial light on continental shores. The great surging restless avaricious megatropolis of human kind now encircles outposts of wilderness. (Lines, 1991, p. xx)

The Sierra Club (2016), founded by conservationist John Muir, estimates that about one-third of the total land surface of our globe is still wilderness, defined as remote environments which are for most of us inaccessible due to their geographical location and the inhospitable conditions prevailing in many of these areas. More accessible wild places are increasingly altered by human activities as the tentacles of our increasing populations infiltrate the expanses of nature surrounding us. As environmental degradation increases generationally, we are witness to an awakening environmental movement and with it the establishment of growing numbers of managed national parks and conservation areas. Concurrently, a significant movement is underway to increase—and restore—deeper human connections with wild nature for health and well-being (Scott, Amel, & Manning, 2014). Further, and relevant to the themes of this paper, efforts at reconciliation with First Peoples regarding territorial rights have opened up significant dialogue across fields of practice about disputed, unceded and stolen lands in many countries (Lines, 1991; Xanthaki, 2007). The authors acknowledge and honour Indigenous influence on outdoor and adventure practices and invite critical reflection on wilderness therapy (WT)

practice internationally relative to First Peoples, their traditional territories and land-based practices. We also invite researchers and theorists into a broader dialogue on the territorialism of definitions, descriptions of practices and international iterations of WT. The word therapy is from the Latin *therapia* meaning healing. The primary definition of therapy is a treatment intended to relieve or heal a disorder (Oxford Dictionary, n.d.). Today, WT is most often described in the dominant literature, and therefore assumed to be practiced, as a psychotherapy or the treatment of psychological or mental disorders by psychological means, a secondary definition found in the Oxford Dictionary (n.d.). As a starting point for this paper, the authors accept the inclusion of psychotherapy as part of WT but posit that therapy (and healing) occurs in WT practice in ways beyond those prescribed by psychotherapy.

Wilderness is also a troublesome word to define due to multiple subjective understandings and iterations of the term over time. Wilderness has etymological roots in early Saxon and Celtic history—*wyld-deor-ness*—loosely meaning wild animal nest/territory and used to denote ‘wild’ uncultivated lands; a place of the non-domesticated (Nash, 1967). Early biblical references interpreted the term more subjectively with the meaning of lands or places that were ‘hostile to people’. Christian scripture encouraging mankind’s’ dominion over the world also contributed to the philosophical viewpoint of anthropocentrism where humans are viewed as the most significant entities in the world (Herbener, 2016). During the middle ages, wilderness was considered a ‘perilous place’ that people should avoid before the influence of science and geography during the renaissance made the unknown known and therefore less daunting (Robertson, Vang, & Brown, 1992). To round out perspectives and assist in locating our discussion, Cronon (1995) reminds us that contemporary romantic impressions of wilderness as sacred places to experience the sublime, or the spiritual, came at the expense of taming the wild, in part by removing its Indigenous inhabitants as was the case with colonisation in North America, Australia and elsewhere.

This paper focuses on the experience of places considered wild in the context of a range of therapeutic and health practices referred to as WT, wild, in that the environment contrasts significantly with that of one’s day-to-day urban existence, thereby providing what has been argued in WT literature as a therapeutic environment (Berger & McLeod, 2006). The terms *wilderness* and *wild places* will be used interchangeably. Readers are asked to suspend criticism of the colonial, Christian and romantic notions of wilderness and to focus attention on more ‘remote’ and less ‘inhabited’ natural environments/places utilised therapeutically, in Canada, Norway and Australia.

The authors recognise places considered by some to be wilderness, are, and have been, home to others for centuries (Cronon, 1995; Mullins & Maher, 2007). The authors acknowledge that wild places are composed of physical, aesthetic, psychological and spiritual properties, relatively perceived by the individual(s) or culture(s) defining or experiencing them. The authors also acknowledge the difficulty in specifying temporal lines when therapy does or does not occur in WT and realise that the benefits of being in wild places are obviously available to all whether in a therapeutic programme or context (Harper, Peeters, & Carpenter, 2015). Clients in WT may benefit from the wild regardless of the therapeutic process, therapist training or clinical goals (Berger, 2006; Berman, Jonides, & Kaplan, 2008; Chawla, 2015). Last, we argue that WT is currently defined and described through the dominant literature of a small group of researchers from one nation (Becker, 2010) and that no clear definition of WT practice is universally accepted (Becker & Russell, 2016; Ritchie, Patrick, Corbould, Harper, & Oddson, in review 2016). This paper is an alternative exploration of wild places and the role they play in human health and therapeutic processes; it is not a comprehensive review of the literature of WT which, in the present authors’ opinion, would only perpetuate the dominant discourse.

WT in brief

The relationship between nature and human health and wellness has been articulated in poetry, religion and the narratives of Indigenous peoples for centuries (Davis, 2009). More recent general psychological research has given support to the benefits of aesthetic natural environments on health and well-being (e.g. Kaplan & Kaplan, 1989; Selhub & Logan, 2012). Still, defining WT and drawing conclusions about the benefits of its practice is a recent phenomenon and one that hasn't yet fully answered how and why it works (Norton et al., 2014). Specifically, the question of *why wilderness* has gone mostly unanswered. Rutko and Gillespie (2013) reviewed the theoretical and empirical literature of WT and came to the conclusion that while outcome research has shown support for WT practice, little has been evidenced to support the ecological paradigm for therapy. In short, the authors conclude that the relevance and rationalisation of wilderness for therapy is sorely lacking in the WT literature. That said, efforts have been made to close this theoretical gap qualitatively and an interest in better understanding mechanisms of change in WT is present in the literature (see Fernee, Gabrielsen, Andersen, & Mesel, 2017; Russell & Farnum, 2004).

Psychologists Davis-Berman and Berman (Davis-Berman & Berman, 2008) espoused the notion of WT as clinical therapy out of doors. Although the authors did suggest inherent therapeutic values of being in nature, no mention of how wilderness contributes to therapeutic process was supported. Russell (2001) defined WT as interventions which 'utilise outdoor adventure activities, such as primitive skills and reflection, to enhance personal and interpersonal growth' (p. 74). The activities and opportunities of WT significantly restructure the therapeutic relationship and conventional therapeutic spaces, reduce concerns for time and alter the role(s) of therapist and field staff. The diversity in how therapists understand, engage with and utilise wild places leaves a concise description of WT practice as elusive as a singular definition (Becker & Russell, 2016). The wilderness environment has been theorised as providing an alternative entrance to awareness and 'unsettling' for clients during the WT process (Harper et al., 2015) as well as for its restorative properties (Kaplan & Kaplan, 1989). The transition from a day-to-day urban setting into a wilderness environment affords opportunities for disequilibrium—and return to equilibrium—throughout the WT process with decreased 'unsettling' over time (Russell & Farnum, 2004). These understandings suggest that WT provides more than just a venue free of daily distraction, but rather a context for deeper experiences and reflection across developmental domains; exploring our physical, emotional, cognitive and spiritual 'wild' selves (Totten, 2011).

WT research—primarily from the US Outdoor Behavioral Healthcare industry—has shown positive outcomes for adolescents in reducing substance use issues, improving social and psychological well-being and increasing family cohesion and functioning, including some indications of improved outcomes in wilderness versus non-wilderness treatment settings (Combs, Hoag, Roberts, & Javorski, 2016; Gillis et al., 2016; Harper & Russell, 2008; Russell, 2003). While outcomes evaluation demonstrates measurable change, WT has not received the attention of the broader psychology and education fields (Becker & Russell, 2016) due to a lack of rigorous controlled studies, clearly described modality and due to a broad range of practices under the WT banner. There has also been an expressed need to identify the myriad of activities, environments and process factors which may contribute to, or confound, those outcomes (Becker & Russell, 2016; Beringer & Martin, 2003; Dobud, 2017; Harper, 2010; Norton et al., 2014). Beringer and Martin (2003) clearly challenged adventure therapy (AT, often used as an 'umbrella' term inclusive of WT) theorists and researchers to address the lack of support, let alone recognition of, the ecological factors in therapy.

An understanding of person–environment interactions in psychology and therapy literature is found in the field of ecopsychology (Roszak, Gomes, & Kanner, 1995; Totten, 2003). Further iterations of ecological approaches to therapy include nature therapy (Berger & McLeod, 2006; Burns, 1998; Jordan, 2016), ecotherapy (Buzzell & Chalquist, 2009; Clinebell, 1996; Jordan & Hinds, 2014) and AT (Gass, 1993; Gass, Gillis, & Russell, 2012; Harper et al., 2015). In describing the evolution of 'ecotherapies', Doherty (2016) identified WT as one of many approaches placed

in a similar category as those mentioned above, primarily for the person–environment connection in a therapeutic context. It is the remoteness of place that is used in this paper to discern WT from other practices, especially with AT which can be set in a community context and have an increased focus on risk and challenge-based activities (Tucker, Javorski, Tracy, & Beale, 2013). The one obvious component of WT—direct contact with nature/time in wild places, and we acknowledge here the false dualism of human/nature—has been found to increase creativity (Ferraro, 2014), improve mood and memory (Berman et al., 2012; Holden & Mercer, 2014), increase resiliency (Ungar, Dumond, & McDonald, 2005), reduce symptoms of Attention Deficit Disorder (Faber Taylor & Kuo, 2008) and increase executive functioning and locus of control (Berman et al., 2008), all idealised benefits for health and well-being and increasing the likelihood of positive treatment outcomes. Coupled with the therapeutic approach of a WT practitioner, the environment may be idealised as co-therapist (Berger & McLeod, 2006). To be clear, while risk is present in wilderness travel and outdoor living, high-risk adventure activities are not considered in this discussion of WT. WT undertaken for the inherent and mediating value of being in wild places, rather than the adrenaline-filled conquering approach, depicted in the modern media of adventure sport (i.e. summiting peaks in foreign lands, dropping kayaks off towering waterfalls etc.).

This paper explores three national understandings of wild places for therapy and encourages international researchers to the same ends to ultimately discover the full potential and possibilities of WT within cultural contexts. Each author sits as a current (first and second author) or past (third author) national representative to the Adventure Therapy International Committee. With more than 50 collective years in AT/WT fields, the authors also hold leadership roles in the development and growth of AT/WT practices within their home countries and admittedly hold strong positive biases towards the work. What is shared herein cannot capture a complete picture of practice or research in their region nor be generalised to all WT practice. While views and opinions expressed herein are supported in the published literature of each nation, echoed through communication with colleagues from the authors' home countries and shared at national and international gatherings, they remain the views and opinions of the authors.

Cross-cultural iterations of 'wild places' for WT

Canada

Canadians primarily live contemporary urban lives. In 2011, Canada was the 37th most urbanised nation in the world with ~81% of the population living in cities, seemingly unbelievable in a country almost 10 million km² with ~35 million people, less than 4 people per square km (World Bank, 2014). With 220,000 km of coastline spanning three oceans and home to the magnetic North Pole (although now disputed), the majority of Canadians live within 100 km of the US border or the southernmost parts of the country. Demographically, much of Canada has less than one person per square km. This reality leaves much of Canada described as 'wilderness' or 'the north' which carries mythical and adventurous qualities as depicted in travel and adventure literature of the past and tourism brochures today. The term *wilderness* remains central to the language used to describe much of Canada's near-uninhabited terrain.

Canadian outdoor adventure education and therapeutic practice reflects the traditional travel and living practises of Indigenous peoples, and early European (trade-driven) explorers and settlers such as the Voyageurs (Harper et al., 2006; Henderson & Potter, 2001; Potter & Henderson, 2004). Like the Voyageurs, many outdoor camps and adventure programmes may still use traditional hunting and travel routes of Indigenous peoples (First Nations, Inuit and Metis) as well as engaging the stories and legends of earlier times (i.e. both Indigenous and settler narratives). One only needs to ponder the origins of the canoe,¹ snowshoe, talking stick or dogsled to recognise the contributions—or more often the appropriations—of activities and 'technologies' by settlers from

Indigenous peoples. For example, many canoe clubs across Canada still paint their 'big boats'² in faux birch bark to emulate traditional Indigenous designed and built voyageur canoes.

Recent efforts to heighten environmental awareness, increase place- and land-based learning opportunities and to recognise Indigenous knowledge and practice in curricula are growing in outdoor, environmental and adventure education in Canada (e.g. Harper, Carpenter, & Segal, 2012; Lowen, 2009; Mullins, Lowen-Trudeau, & Fox, 2015; Mullins & Maher, 2007; Raffan, 1993; Tuck, McKenzie, & McCoy, 2014). Canadian authors have called for an integration of a systems theory approach in AT (Taylor, Segal, & Harper, 2010) recognising the multidimensional realities of these interventions including meaning-making through personal narratives of change and metaphorical opportunities (Hartford, 2011). Other authors have suggested heightened awareness of land-based dwelling principles, development of skills, attention to the landscape, culture, biological conditions (Mullins & Maher, 2007), human-environmental influences (Mullins, 2014) and increased recognition of Indigenous perspectives and knowledge in outdoor education and therapy in Canada (Mullins et al., 2015; Ritchie et al., 2015).

A recent public education campaign in Canada has gained the ire of public health officers who pride themselves on reducing childhood injuries. Tremblay and colleagues (2015) have argued that the benefits of unstructured outdoor play—with its inherent risks—are necessary for healthy child development. Current societal beliefs in Canada seem to reflect risk aversion and the desire to avoid litigation when proving outdoor and adventure programmes; a low risk-tolerance seems common in situations when responsibility for others is present (e.g. custodial care such as schools or in-patient treatment programmes). Canadians do, however, still appear to generally participate in outdoor adventures and enjoy spending time in nature recreationally. The 2012 Canadian Nature Survey found that almost half of adult Canadians chose to live where they could access nature, 70% spent time outdoors to connect to nature and 47% travelled to get increased access to nature (Federal, Provincial, and Territorial Governments of Canada [FPTGC], 2014).

This desired 'outdoors lifestyle' is reflected in Canadian WT practice which often occurs in wild places, is delivered in 'expedition' style and often uses traditional travel routes, living practices and tools (Harper et al., 2006). Further, WT programmes are described as holistic in their breadth of components and perspective on health and well-being (Drengson, 2004), are idealised to build resiliency in young people (Ungar et al., 2005) and fit well within the worldview of many Indigenous communities in Canada by tying the benefits of outdoor adventure to the broader health agenda (Ritchie et al., 2015).

WT is not well represented in the Canadian literature nor recognised as part of the Canadian healthcare system, a likely reflection of impact of a small number of programmes and researchers. Canadian practice is most often depicted as AT or adventure education in collaboration with therapeutic practitioners (inclusive of programmes utilising wild places or WT) is now being articulated and differentiated from programmes and interventions described by authors from other countries (Ritchie et al., in review 2016), most notably the suggestion of differences in practice between Canada and the United States (Harper et al., 2006). Regional and national gatherings on AT are further developing dialogue in the field (Harper, 2009). Ritchie and colleagues found 113 pieces of literature meeting the criteria for analysis on AT in Canada, with only 65 of those in peer-reviewed journals since 1980. This limited body of research is troubling considering there have been more than 50 years of wilderness-based services for adjudicated youth and mental health in Canada (Church Council of Justice and Corrections [CCJC], 1996). Although a substantial increase in AT literature has occurred recently (88% of it published since 2000), practice is generally informed through outdoor learning and adventure education literature as well as from adjacent therapeutic fields (e.g. social work, counselling, psychology). This linkage is due in part to the collaborative practice model between health and human service fields and outdoor adventure education in Canada (Harper et al., 2006; Harper & Scott, 2006).

Canadian AT programmes were found to share common characteristics in structure and practice: (1) connection to government funded or not-for-profit organisations, (2) primarily facilitated with a

developmental or psycho-educational foci (i.e. not clinical/diagnosis driven), (3) delivered through collaborative relationships between therapeutic and outdoor adventure professionals (although therapists are less often present during field components) and (4) involved travel and living in wild places (Harper et al., 2006). AT primarily serves adolescents in youth justice, social service and mental health systems, identified as 'at-risk' in the school system, or more recently, dealing with behavioural, emotional or addictions issues (Harper & Scott, 2006; Ritchie et al., in review 2016).

Canadian AT practitioners generally rely on theoretical approaches and ethical frameworks of their therapeutic training (e.g. counselling, social work etc.) and tend to work with professionally designated outdoor leaders and organisations or simply avoid technical activities requiring specialised equipment, skills and knowledge (Harper & Scott, 2006). What is clear from reviewing Canadian AT/WT literature and attending the five national AT symposia is that wild places are central to practice yet do not have theoretical or empirical support for their use in therapy beyond research support from allied fields, the anecdotal and the decisions of practitioners over the years in WT.

Norway

Norway, together with Sweden and western parts of Finland, makes up an area referred to as the Scandinavian Peninsula. Mainland Norway stretches from 58 to 71 degrees north, the latter at the same latitude as Alaska's Point Barrow. Population density is higher than Canada and Australia with 14 people per square km but still low compared to the United States (35) or the United Kingdom (269) (Worldbank, 2014). Nature more than settlements dominates much of the landscape, and regardless of where you are, even in downtown Oslo, reasonably unspoiled nature is nearby. Scandinavia consists mainly of forest tundra, mountain regions, fjords and countless lakes, streams and rivers whilst most of the coastline is dotted with small islands. Historically, two main folk groups exist, the Sami and the Norse, and as such there is no colonial backdrop. Still, the Sami people only comprise about 0.5% of the total population, and they are referred to both as a national minority and as an Aboriginal culture.

Even though four out of five Norwegians live in town-like environments, many still build much of their national identity on nature, and there exists a common understanding that 'nature precedes human culture, and culture precedes the individual' (Reed & Rothenberg, 1993, p. 6). This notion has arguably been reinforced by two factors, one being Norway's past polar achievements. More than a century ago, Norway, at the time a poor and insignificant country, fostered explorers like Roald Amundsen, Fridtjof Nansen and others. By fusing basic ancestral outdoor traditions, both Sami and Norse, Arctic and Antarctic trophies were snatched from under the noses of much larger and more resourceful nations. The boost to our national self-esteem was considerable. The other factor is the emergence of the *friluftsliv*, open-air life, tradition and its academic companion of ecophilosophy (Naess, 2008). *Friluftsliv* is a simple outdoor-oriented lifestyle that holds intrinsic value and at the same time challenges 'the patterns of thought, values and lifestyle imposed by modernity' (Faarlund, 2007, p. 56). Immersing oneself in nature is done in a minimalistic, purist way with the aim to flow along with the demands of wilderness more than to conquer it. Varley and Semple (2015) label this Nordic slow adventure, which they argue contrasts more action-packed activities where one squeezes the 'highest thrill quota into the tightest package' (p. 77). Using the outdoors still holds a strong position among Norwegians; a recent survey found that 79% of the population had been on hikes in the forest or in the mountains and 50% on longer hikes within the previous 12 months. Also 4 out of 10 had been cross-country skiing (Statistics Norway, 2014).

It is within this cultural framework WT is establishing itself as a viable approach to bettering people's lives (Gabrielsen & Fernee, 2014). As many Norwegians, with exemption of those in the largest city centres, live in areas with immediate access to green surroundings, WT programmes aim to provide the experience of a deeper submersion into wild places. Primeval forests and

mountainous terrain contrast urban parks, suburban hiking areas and seaside resorts, with rawness and an invariable demand of self-reliance. Perceived risk is replaced with inherent natural hazards and, making these manageable and even enjoyable, falls in line with the Nordic cultural meme of knowledge and character building in the outdoors (Gurholt, 2008).

Biologist Dag Hessen (2008) argues how the awareness of absence of human intervention is the essence of the heartfelt wellness many experience in the wild. This response to space and place is what WT programmes regard as a vital resource for strengthening intra- and inter-psychological processes. Once enveloped by nature, the therapy itself may span from raising awareness of our place in nature and spiritual presence to more recreational activities. Besides learning and experiencing how to self-manage in the wild, traditional friluftsliv has been shown to increase the environmental connectedness (Beery, 2013) and a sense of self that becomes interwoven with the natural surroundings (Gurholt, 2014). Some programmes link their work to Sami culture and mythology with an animistic understanding of nature, where the spirits of nature are stronger than man, but non-judgemental and without moral dimensions. The lavvu tent, the reindeer hide products and the distinctive Sami knives are included in most outdoor operations, simply due to their time proven functionality. In both the friluftsliv and the Sami tradition, the natural world provides the framework for existence without prejudice or intentions, the acceptance of which many participants find liberating and restorative.

Despite a vibrant public health focus on outdoor activities, a number of high-quality college and university outdoor education programmes, and a clear call for the use of friluftsliv in mental health work (MCE, 2009), WT has only recently been introduced and systematised in Norway (Ferne, Gabrielsen, Andersen, & Mesel, 2015). Applying therapy with purposefulness and some degree of precision in the wild expands the public health dogma which simply postulates that being outdoors sparks well-being. Therapy is introduced in an environment that in and of itself enables self-realisation and shifts of perspectives (Naess & Rothenberg, 1989), thus facilitating and strengthening the psychological processes desired. A major shortcoming, however, is the little academic communication that so far has resulted from Norwegian, and for that matter, Nordic WT efforts (See www.nordic-adventure-therapy.com). Still, the programmes that do exist have heuristically discovered that moving people from green and pleasant suburban environments and deeper into the wild seems to further enrich participant's personal experiences.

The Outdoor Recreation Act of 1957 allows anyone to camp, hike, ski, cycle or ride wherever they choose, also on privately owned land (NEA, 2013). This privilege is generally supported as an important ideological value throughout society. For WT operations, this simplifies logistics—one goes where and when it seems fit. The Outdoor Recreation Act also serves as a powerful reminder that nature belongs to all, and to no one, dependent on your point of view, a theme often explored in WT group settings.

In the forests or mountains, one can also discover cultural remnants from past times. Abandoned mountain pastures, old logs laid out for river crossings, cairns to aid the way-finding of trappers and herders, even ancient petroglyphs, all tell stories of place and who we once were, adding therapeutically powerful perspectives to our challenges of today (Wattchow & Brown, 2011). And there, in late twilight hours, if one looks carefully, old mossy pine trees and lone boulders sometimes seem to move slightly, bringing perhaps with it a chilling notion that there might be some merit to ancestral tales of trolls, or worse, after all.

Australia

Australia harbours some of the most poisonous and deadly creatures in the world, jellyfish, spiders, snakes or sharks to name a few, and yet the injuries and deaths from these creatures are proportionally miniscule (Bryson, 2000; TCO, 2015). Despite the dangers, Australians enjoy their reputation as an active, outdoors sporting nation, with sandy beaches, endless coastlines and open

spaces. The 'outdoor life' is still a defining Australian characteristic 'with nearly three quarters of Australian adults taking part in activities involving contact with nature' (ABS 2013a).

Our landscapes are diverse; tropical rainforests, enormous sandy desserts, alpine mountain ranges and of course coastlines and coral reefs. Australia's age, geographical and physical isolation from the rest of the world have largely shaped the unique wildlife and cultural identity along with the consequences³ of British Colonisation. The majority of Australians live around the southeast and eastern edges, leaving the centre and Northern edges of this vast continent largely devoid of human habitation. Most of us (85%), live less than 50 km from the sea, (ABS, 2004) nearly all of us (90%) live in urban areas or cities (ABS, 2013b).

Wilderness is not really a term that resonates with Australians; generally, people talk about 'going bush' or 'outback', or being 'from the country', and discuss their connection with 'the land' (Chester, 2008; Lines, 1991; Wattchow, 2001). As Bryson suggests, 'to Australians, anything vaguely rural is "the bush", and at some indeterminate point "the bush" becomes "the outback". Push on another 2,000 miles and eventually you come to "the bush" again, then a city and then the sea' (2000, p.39).

Aboriginal traditional owners never 'owned' the land; however, they did accept collective responsibility for caring for the land. One elder describes the connection as 'the roots of the country and its people are twined together. We are part of the land. The land is us and we are the land' (Turner, 2010, p. 85). This stewardship of the land evolved over at least 45,000 years and recognises that practices like the use of fire to manage lands for grazing, hunting and safety and the building of stone monuments including shelters in colder regions confirm that the term 'wilderness' is inaccurate (Langton, 1998; Lines, 1991).

Much of the early pioneering bush folklore, including epic poems in which the bush hero conquers all, have also contributed to lingering images of struggles to control the bush environment to make a decent living whether an early settler, soldier or convict. It became part of the 'newcomers' Australian identity. Multiple waves of migration have arrived since the British convict settlements in 1778, all seeking a better life, inspired by gold rushes or escaping the horror and hardship of wars (ANMMuseum 2016). Many of these newcomers seek to make the alien Australian landscape and countryside more familiar by introducing fauna and flora from their home countries that severely impact the Australian native species. Instead of a collective sharing of resources, each wave of newcomers tends to buy and sell land, fencing their boundaries as they define their new home, establishing connections to this place. The British 'Terra Nullis' (land belonging to no one) ruling on ownership of the country continues to disadvantage the Aboriginal and Torres Strait Indigenous populations (Lines, 1991).

The histories of place, cultural connections and the stories of ancestral spirits, song-lines and stories of creation woven across the country were and still are central to Indigenous identities and are gradually being shared with all Australians (Svieby & Skuthorpe, 2006). The following quote from an Indigenous elder touches on more recently discussed WT benefits of being in wild places.

Healing comes from the land itself. When we are sick or in mourning we go back to the Land to feel better, and to really relax deeply... To go back and smell the smoke and the air of your own country, hear the birds singing and talking, watching the stars at night and seeing the sun rise and seeing the sun set. And also talking about things at night when you are looking at the stars. Seeing what the stars tell you. All that just gets into you and heals you. (Turner, 2010, p. 132)

As Turner outlines, healing from the land has been integral to Indigenous Australian life and the experiences that are articulated in this quote are central to WT practices throughout the world, e.g. immersion in a place you feel connected to, the aesthetic attunement to the seasons and internal rhythms of the land, and the opportunity to talk without being the focus of the conversation.

Bush Adventure Therapy⁴ in Australia developed within, and then has gradually moved apart from, the outdoor education industry (Pryor, 2009). The use of camps and adventure activities for fitness, health and experiential learning was imported from the United Kingdom, and camps and

outdoor programmes, for both educational and recreational purposes are common across Australia. The more specialised development of programmes for therapeutic purposes can be traced back to the 1980s with the development of targeted adventure programmes for adjudicated or at risk youth and drug withdrawal and criminal programmes (Abbott, 1989; 1990; Pryor, 2009). Many programmes offer a safe space for people to sort themselves out and practitioners state that many young people seek a refuge that is natural, green and quiet, as well as being a place far from the problems of their urban lives (Bell, 2005; Carpenter, Cameron, Cherednichneko, & Townsend, 2008).

Whilst Australia has been influenced by North American and British adventure, outdoor and WT literature, there has been a significant push since 2000 to clearly articulate what makes practice unique in this part of the world (Hall, 2012; Nicholls, 2012; Pryor, 2015). Early studies indicated that apart from the inclusivity of multiple ethically grounded practices and approaches, it is the natural places that are 'at the heart of the therapy itself' (Carpenter & Pryor, 2004, p. 233). Yet, we are still seeking to understand exactly how interactions or immersion in natural bush locations can contribute to human health and yet not compromise the essence of wild places that is integral to their attraction.

Discussion

Wild places and equilibria for therapy

Miles (1990) suggests that wilderness 'is both a physical and conceptual place—wilderness is an idea, a state of mind. It is relative rather than an absolute conception or condition' (p. 325). Contemporary western notions of wilderness carry with them cultural meanings well beyond the scope of this paper to unpack. These conceptions may more closely represent a psychological condition rather than an expanse of land or physical location. We have discussed the language and notions of wild places relative to therapeutic practice as observed in practice and the literature from three nations. Being in wild places permeates all aspects of the experience in conscious and unconscious ways and no doubt carries significant meaning and impact for therapeutic practice, even if not yet supported empirically. We as practitioners, authors and researchers posit that the experience of being in wild places holds more than oft-criticised colonial, Christian or romantic notions of wilderness, and that with the appropriate research and reflexive conversations we may understand what it is that we value and treasure in wild places.

Dominant WT literature frequently depicts a common use of wild places in therapeutic programmes as fostering disequilibria through exposure to unfamiliar environments (Davis-Berman & Berman, 1994; Gass, 1993; Luckner & Nadler, 1997). There is a distinct shift taking place as practitioners now emphasise wild places as not merely unfamiliar contexts or places to locate programmes within, but as a central therapeutic construct. Originally, some practitioners articulated that they 'operate in remote locations in order to foster disequilibria, group dynamics, a sense of connectedness to the earth and each other' (Carpenter & Pryor, 2004, p. 232) without really delving into the inherent contradiction. What is starting to emerge in practice and AT literature from around the world is the changing dynamics in the human relational-space developed within programmes, and the role of wild places or other outdoor natural environments in which programmes and interventions take place. A recent realist synthesis of qualitative WT studies (Fernee et al., 2017) proposes a new WT clinical model, which indeed defines wilderness (together with the physical self and the psychosocial self) as the main therapeutic factors in WT. Still, the authors admit that this work is only a cautious, but timely, step towards establishing a theoretical framework for WT. Many programmes initially seek wild places as a challenging contrast to their participants' increasingly urban lives. Efforts are being made to ensure people have the opportunity to connect more deeply with nature and encourage them to embrace a more ecological perspective in their lives as part of WT.

The authors identify disequilibria as one part of the therapeutic processes in which we choose to engage our clients and participants in WT. Wild places are unfamiliar, can be challenging practically and can philosophically invoke deep thoughts and feelings. This newness creates an imbalance, offering participants opportunities to become familiar with the environment and all it has to offer. The wild itself offers this new equilibrium, one that makes previously occurring disequilibria tolerable/acceptable. Disequilibria in wild places may be caused due to storms, high wind, rain, excessive heat or merely being off the grid or detached from one's usual safe harbours; it provides its rules/laws which apply to everyone. When your sleeping bag gets wet, your emotions are directed towards yourself, the group, the leader etc. whoever—but seldom towards nature itself. Wild environments allow nature to be co-therapist and provide opportunities for learning, adaptation and growth (Berger & McLeod, 2006).

'Wild places' are still present in each country's narrative (e.g. north, backcountry, bush, outback, frontier, *til fjells*, the land, the hills etc.) and psyche (i.e. language use, 'narrative' approach to spending time in the storied landscapes). These three countries all possess large tracts of wild lands, primarily uninhabited. With stories of earlier (and current) peoples living and travelling on the land serving as backdrop to today's WT programmes, a slower and more meaningful pace and experience is sought (i.e. less technology, less high-adventure activities etc.), providing for deeper connection to place. This is in contrast to perceptions of high-level activity in adventure-based programmes or interventions. In these countries, it is the simplicity and aesthetic of *being* in wild places that is often of equal importance to the *doing* adventure activity, or therapeutic process.

Common components and core purposes

Canada, Norway and Australia share the following common components in their programme designs and practice of WT:

- Ready access to 'big' wild places and managed parks
- Connections with storied landscapes and their peoples
- Meaningful pace—slow pedagogy
- Regaining equilibrium more than fostering disequilibria
- Broader conceptions of therapy than the dominant discourse.

However, the authors also share a willingness to delve more deeply into the rationale to utilise wild places for therapeutic processes and why they believe it is not possible to achieve the same outcomes or benefits within urban environments. The authors have chosen to focus on the client experience of transitioning from the modern day-to-day urban existence into wild places as a crossing of a threshold, and one area worthy of further exploration. [Table 1](#) illuminates the author's initial exploration of how they, as WT practitioners and theorists, envisage the essential roles of wild places in WT, the experience of disequilibria in a range of domains to ultimately generate a new equilibrium which in itself may become a therapeutic and healing process. The authors posit that while the literature hasn't yet assembled a sufficiently strong case for 'why wilderness', these conceptual arguments are described with plenty of anecdotal and practitioner-based support. [Table 1](#) visualises and systematises the authors' propositions from their collective national perspectives.

These experiences of wild places frequently require internal adjustments and offer different and new ways of being. Herein lies the potential for new personal insights and narratives, all of which, if harnessed properly, may be transferred to day-to-day life situations when the WT programme has concluded and the client has re-entered his or her everyday milieu. While acutely aware of the incompleteness of these propositions, the authors believe that they are substantiating enough to be a catalyst for further inquiry to broaden and deepen this expression of core purposes for being in the wild.

Table 1. Crossing thresholds: disequilibria/equilibria experiences of wild places in wilderness therapy.

Purpose for wild places	Disequilibria/equilibria experiences of wild places
<i>Experiential and lived-body learning</i>	<ul style="list-style-type: none"> ● Consequences of, and unambiguous feedback from, environmental changes: one has to act to mitigate circumstances (e.g. rain, wind, cold etc.) ● Attunement to environment to effectively self-manage: heightened sensual experience requiring focused observation and bodily awareness ● Change in perceptions of time, space and place: grounding in lessons of the ‘now’ (e.g. natural diurnal rhythms, flow state) ● Immersion in recreational activity: climbing, paddling, surfing ... with inherent natural hazards and risks to manage ● Sustainability: necessary knowledge and skill attainment to thrive, often characterised by adaptability and resilience
<i>Metaphorical/spiritual/aesthetic inspiration</i>	<ul style="list-style-type: none"> ● Perceptions of new beginnings or closure (e.g. sunrise, sunset, seasons...) ● Thresholds: mountain passes, crossing rivers, distances travelled, new horizons, possibilities and boundaries (i.e. physical, psychological, metaphysical etc.) ● Spiritual presence: transcendence, connecting with the divine, the more than human and/or something beyond oneself ● Human’s place in nature: relational reality, appreciating macro and micro environments ● Deep reflection: magnificence and awe of aesthetic places but also insecurity and loneliness
<i>Location as ‘Other’</i>	<ul style="list-style-type: none"> ● Narrative approach: chance to re-author one’s story of self ● Journey: the physical challenge and metaphysical crossing of thresholds and edges ● Being away: contrasts with day to day routines, stressors, disturbances and built environment (e.g. simple life, peaceful, restorative) ● Participants lack of familiarity: reliance on leader reduced over time, increased autonomy and self-efficacy ● Unlikely to encounter others: enhance group identity, cohesion and increase difficulty of opting out ● New environments afford opportunities for new ways of being, belonging, doing and feeling
<i>Place-based learning</i>	<ul style="list-style-type: none"> ● History and stories of place: connection to culture(s) and land ● Attachment: sense of belonging and commitment to care for place(s) ● Traditional travel routes, living practices, tools and craft ● Toponymical and geographical knowledge of place ● Systems knowledge: ecological communities and sustainability (e.g. life cycles) ● Micro-community: self-contained, self-managed and independent ● Ecological awareness: intact biological systems, human–environment relationships and impacts experienced and observed

WT theorists have begun to unpack the ‘black box’ of programme theory and processes. Although still largely untested and anecdotal in WT literature, some conceptualisations expressed are valued in practice and should serve as ground work for future research (Fernee et al., 2017; Nicholls, 2012; Russell & Farnum, 2004). Psychological benefits of wilderness experiences have long been shared in mainstream and academic literature, more recently backed with empirical findings (Berman et al., 2008; Hinds, 2011). WT and wilderness experience programme research are attempting to disentangle numerous potential confounding variables such as personality, race, gender, age, diagnoses and brief versus longer immersion in wilderness (Bowen & Neill, 2013; Eikenaes, Gude, & Hoffart, 2006; Fry & Heubeck, 1998; Orren & Werner, 2007). To add to this complexity, WT has yet to empirically inquire into the diverse environmental factors such as terrain, remoteness, type and frequency of wild animals, weather and a host of other variables: each potentially contributing to clients’ experience in different ways. While commonly extending positive benefits of exposure to wild places from other bodies of research, we need to better understand who benefits more or less in wild places and why? We strongly encourage researchers and theorists of WT to more closely examine common factors and programme components, which may better inform therapeutic practice.

The stress and stimuli of day-to-day urban living juxtaposed with opportunities for equilibria, and tranquil-reflective solitude in wild places illustrates the significant environmental differences inherent in the notion of the human to more than human or civilisation–wilderness dualism.

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Solitude or increased reflective time in a non-judgemental environment such as wild places provides a potent milieu for personal development, particularly within a social context, an ideal recipe for self-actualisation (Maslow, 1964). Research has pointed towards higher levels of self-actualisation during wilderness experiences, thus suggesting a reduction of the human–wild dualism through increased spiritual inspiration or sensations of ‘oneness’ with the environment/earth (Fredrickson & Anderson, 1999; Talbot & Kaplan, 1986).

Conclusion and implications

In the collective opinions of the authors, WT has operated for decades now mostly on simple heuristics that wild places provide time away, offer a venue to advance or intensify therapy and healing processes and are inherently therapeutic. While generally accepted in practice, and commonly described in literature as an element of WT, the role and impact of the ‘wild’ remains significantly unexplained, specifically across cultures. What we do know is that living and travelling in wild environments provides us with clear and unambiguous feedback (Reser & Scherl, 1988). Beyond this simple reality, there is much yet to learn to advance WT theory, training and practice.

To stimulate practitioner and researcher dialogue, improve client care and increase WT effectiveness, the authors suggest continuing this discussion and line of inquiry in WT. How can we better understand and utilise WT as an accessible, attractive or appropriate approach for bettering human health and well-being? Also, while WT in practice may appear similar internationally to the uninitiated, the cultural interpretations of land, societal beliefs and influences, and the connections between people and land varies and holds opportunities for increasing the sophistication of WT. Last, the potential for increased understanding—and inclusion of—place-based learning, spirituality, Indigenous knowledge, historical and geographical interpretations and other approaches are yet additional layers to be explored for the practice of WT.

Three perspectives attempting to grapple theoretically with WT practice from their home nations are represented in this paper. From reviewing international literature, there appears to be an increase, or return to, knowledge of land awareness/conservation/ecological awareness/nature connectedness/Indigenous knowledge in outdoor and adventure education (Mullins et al., 2015). The term ‘place-based’ has emerged as a potential unifying label (Henderson, 2005) to describe self-propelled travel through the land that enables us to know places better, and who we are in these places, a slower pedagogical approach to learning and being in place(s) (Henderson & Vikander, 2007; Wattchow & Brown, 2011). It is also apparent that WT needs to balance experiences of the physical and often challenging activities, such as backpacking or canoe travel, with careful selection of less intense place-based activities that can increase the aesthetic and reflective experiences of participants (Nicholls, 2012).

WT practice internationally has been described as consistent in the use of remote and generally uninhabited places, adhering in close alignment to the practices of outdoor and adventure education and involving some type and intensity of therapeutic process (Norton et al., 2014). The authors do, however, acknowledge that some of our international colleagues may no longer have wild places readily available to them as described herein, and that the WT discussion may seem as distant as the nearest remote and uninhabited spaces they may desire to use for therapy. What has become more apparent is the need for country-specific descriptions of WT practice that are influenced and governed by sociocultural, political or economic structures (Harper, 2010). While not the purpose of this paper to resolve debates on definitions of wilderness nor therapy, we do recommend the work be undertaken by nations, regions and even within WT organisations, to better describe and define their own WT practice, especially the role of the wild places within their therapeutic work.

In recalling the vision of Deep Ecology founder Arne Naess (1987), we are encouraged to consider our ecological selves, our relationship to all places and living things, and to transcend a narrow definition of self as entity separate from other. WT as a practice offers immeasurable access to experiences which provide expressions of connectedness to, and essence as part of wild nature,

an opportunity to grow and develop in an original manner, a manner less influenced by the structures, systems and constraints of a contemporary western life.

Notes

1. Canoe is a colonially introduced word originating from the Arawakan people of the Caribbean.
2. Generally replicating two Voyageur-era canoes: The 'canot du maitre' or Montreal Canoe (11–12 m long), and the 'canot du nord' or North/Selkirk (6–8 m long).
3. Apart from usurpation of land, brutality and murder of Indigenous peoples, this also refers to the introduction of rabbits, foxes, sparrows, blackberries, cactus pears and other pests that have decimated many endemic species.
4. Wilderness therapy is not the term used in Australia and BAT will be used in this section.

Disclosure statement

No potential conflict of interest was reported by the authors.

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