

Pryor, A. (2003). The Outdoor Experience Program: Wilderness Journeys for Improved Relationships with Self, Others and Healthy Adventure. In Richards, K.& Smith, B. (Ed.) *Therapy within Adventure*. Proceedings of the Second International Adventure Therapy Conference Proceedings. University of Augsburg, 2000. Zeil. (Published).

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## **The Outdoor Experience Program:**

### **Wilderness Journeys for Improved Relationships with Self, Others and Healthy Adventure**

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#### **ABSTRACT**

*A careful use of wilderness for young people experiencing drug and/or alcohol misuse, and dependency issues, is seen by TOE staff as providing an experience that compels improved relationships with self, others and healthy adventure. Through our experiences with young people participating in wilderness journeys, it is often observed that as a 'wilderness frame of mind' is developed in participants, so a relationship with place develops. Wilderness can be seen, therefore, to enhance and develop healthier dependencies in individuals. In this way, wilderness can be said to work directly against (counter-act) the negative effects of drug and/ or alcohol dependency for a young person. This paper utilises a model to display these relationships, and concludes that wilderness therapy is not merely 'adventure therapy in the bush', but an experience for participants of a therapeutic relationship with place. It presents one way of describing how the specific needs of young people experiencing D/A misuse issues might be therapeutically addressed through an intentional use of wilderness and adventure.*

#### **Introduction**

In examining the ways in which 'The Outdoor Experience' (TOE) works with people experiencing drug and/or alcohol (D/A) misuse issues, some discussion must be given to the kinds of factors that lead to D/A use, and to the effects D/A dependency typically has on the life of a young person. A dependent relationship with drugs and/ or alcohol is shown to have a 'colouring' effect on a young person's life. This may be said to erode, dislocate or separate a young person from healthy relationships with self, others and adventure. The use of substances by young people presents a complex picture, as it must be viewed within the context of adolescent development. For example, adolescence is often described as a time of significant and rapid change on all levels (physically, psychologically, emotionally, socially, spiritually) for a young person. Cause and effect cannot be viewed within a linear framework. The factors effecting D/A use in young people (e.g. poor family relationships) may be the same factors affected by a young person's D/A misuse. Thus, TOE sees D/A use for a young person as a relationship with the substance, and at the same time, being affected by and affecting a young person's other relationships.

A study conducted in 1998 by the Victorian Government Drug Treatment Services (Victorian Government, 1998) identified key issues relating to youth substance use. These included poor family relationships, childhood physical and sexual abuse, lack of coping and support mechanisms, peer pressure, low socio-economic status, other macro-environmental factors (such as cultural sub-groups), and current distresses in a young person's life (e.g. low self-confidence or difficulties with schooling, for example) The study cited primary motivations for drug use as including boredom, family arguments, mental health issues, and the need to alleviate painful sensations (e.g. anger and frustration). Conclusions drawn from the study indicated that marginalised and disadvantaged young people were the most likely to engage in problematic D/A use, and that particularly non-school-attending, homeless, and offending adolescents were found to use drugs at a much higher rate than other young people. TOE's experience with young D/A users is consistent with these findings.

It is often observed that young people using alcohol or drugs in harmful ways often experience, to an increasing extent, a dislocation from family, non-D/A using friends, school systems, support systems, and

other healthy social relationships. It is common for friendships of young people using D/A to begin to centre on gaining, using, and maintaining access to drugs and/ or alcohol. In these ways a young person misusing D/A is likely to become more isolated from supportive people and more isolated from a healthy social realm (Group). As D/A dependency increases, a young person is less likely to engage in health-promoting activity. 'Adventure' options with peers often grow to centre on D/A use. Thus, a young person misusing D/A is likely to become more isolated from healthy activity and more isolated from a healthy physical realm (Adventure).

Amongst other effects, D/A use tends to impact upon a person's nutrition, sleep patterns, fitness, energy levels, physical capabilities and perhaps also on his/ her understanding of their own body. In this process, a young person's relationship with him/ her self is also negatively impacted. Combined with less and less feedback from supportive social contacts, a young person's impression of self is narrowed through a process of D/A misuse. Prolonged D/A misuse can tend to lead a young person into dependency upon the drugs and/ or alcohol in order to feel 'normal'. This affects a young person's impressions and images of who he/ she is and what he/ she can do. It can be said, therefore, that a young person misusing D/A is likely to become more isolated from healthy understanding and relationship with their own individual developments (Self). Supporting such statements, an Australian-based study of secondary school students (Odgers, 1998, p.115) found that young people currently using substances predominantly held views of themselves as being "mean and nasty", "unreliable", and as "trouble-makers".

In the process of D/A dependency, a deep and complex dynamic between the user and the substance begins to develop, making disentanglement very difficult. Lambert (2000, p.60) stated that, "addiction seems to characterise neither a substance nor a personality type, but a form of relationship". In D/A dependency, a young person's main relationship eventually becomes the one with the substance. Separation from this relationship with substance is made even more difficult when few other supports (e.g. role models or job opportunities) present themselves, as is often the case with young people. Eventually, it can be the case, that with more and more distance from healthy relationships, and with more and more distance from 'healthy' adventure, 'self' for a young person only feels normal when his/her relationship with the substance is fulfilled. Thus, prolonged D/A misuse can be seen to 'colour' relationships, compelling a separation of a young person from healthy relationships with self, others and healthy adventure.

Adventure therapy for young people experiencing drug and/ or alcohol misuse or dependency issues works, among many ways, to minimise the pull of a dependency and lessen the appeal or attraction to D/A misuse. Central to this process is the provision of healthier and 'exciting' substitutes (adventure, positive D/A-free relationships) and the provision of opportunities for restoring participants relationships with self, others and healthy adventure.

## **Adventure and Wilderness Therapy: An Overview**

### **Adventure Therapy**

Crisp (1997, p.58) defined adventure therapy as, 'a therapeutic intervention, which uses contrived activities of an experiential, risk-taking and challenging nature in the treatment of an individual or group. This is done indoors or within an urban environment (i.e., not isolated from other human-made resources), and does not involve living in an environment (e.g., participants do not cook their own meals or sleep overnight).' Gass (in Crisp, 1997, p.58) stated, for adventure therapy, "the emphasis is on the selection and design of the activity to match targeted therapeutic issues, and on the framing and processing of the activity". Nadler (1993, p.60) presented a diagram of the adventure therapy process, whereby a client is said to experience, "a state of disequilibrium, by being placed in a novel setting, and a cooperative environment, while being presented with unique problem-solving situations, that lead to feelings of accomplishment, which are augmented by processing the experience, which promotes generalisation and transfer to future endeavours". The value of healthy adventure as promoting change is taken for granted in this paper, but key theories centre around ideas such as 'disequilibrium' (a catalyst for change) and 'edgework' (a creation of opportunities for 'breakthroughs') as well as 'flow', 'windows of opportunity', and 'comfort zones'.

Diagram 1 shows the interplay between the respective realms: SELF, GROUP and ADVENTURE. The

model presumes intentional involvement of at least one adventure therapist in the process, whose involvement lies within the 'group' (social) realm, even though they are likely facilitating the 'adventure' (but they are not the primary 'adventure' for participants). Where any *two* realms interact (overlap on the diagram) the potential for therapy takes place. For example, abseiling might provide an individual with a therapeutic experience (adventure and self overlap), and/ or abseiling might provide a group with a therapeutic experience (adventure and group overlap), and/or being within a group might provide an individual with a therapeutic experience (group and self overlap). Where the *three* realms interact, the potential for adventure therapy exists. For example, with 'group' support, an individual might find abseiling a therapeutic experience. This is not to say that adventure therapy does not occur during or after a solo experience, and in fact the ideal therapeutic 'group'/ 'social context' for some individuals in some adventures might be 'no-one' present. Adventure Therapy might, therefore, be described as an intentional use of healthy adventure, combined with individual and group work, towards an aim of positive change for individuals. Where these three realms meet (healthy adventure, group and individual) through an intentional program with appropriately qualified staff, the potential for adventure therapy exists (see Figure I).

**Figure I**

**Adventure Therapy: a therapeutic relationship between individuals, group and healthy adventure**

**Wilderness Therapy**

As suggested by Crisp (1997, pp.58-59), 'wilderness therapy can be contrasted with adventure therapy through the emphasis given to the impact of an isolated natural environment and the use of a living community'. He goes on to say that 'change in wilderness therapy is often based around concepts of 'adaptation' and 'is often (but not always) seen to be holistic, coupled with personal and inter-personal insight, and to emerge from a social process over time' (Crisp, 1997). Kimball and Bacon (1993, p.14) also deem group process to be important to the process, suggesting that "there is no such thing as individual wilderness therapy". They play down the role of the natural environment saying that, "the need is not so much for wilderness as it is for unfamiliar environment" (ibid: p.14). In contemporary wilderness therapy programs they identify common themes, including; the use of a small group format; the opportunity to master demanding challenges; immersion in an unfamiliar environment; a focus on understanding the meaning of program activities; and an emphasis on creating an environment which implicitly supports prosocial values (Ibid: p.16). Kimball and Bacon (1993, p.16) go on to suggest that it these components that, "most often succeed in engaging the students, and generating some form of peak experience, an experience that often results in a resolve to alter one's life choices in a positive direction".

Wilderness is seen to be a natural or 'wild' place, relatively free of human presence and influence, and therefore relatively free from 'civilised human distractions'. 'Wilderness places,' could be described as natural inter-dependent systems, functioning largely without the relatively powerful effects civilised humans bring, and of a large enough size for visiting 'civilised humans' to feel immersed and surrounded within it. For a 'wilderness frame of mind' to be created, wilderness places need to be of a large enough scale, yet experienced in such a way that humans can feel a part of it. Certain conditions can encourage a 'wilderness frame of mind' in participants, which allow for 'relationship with place' to develop. It could be argued that before participants develop a relationship with 'place' they are *just* experiencing adventure therapy. As highlighted by Ibbott (1999, p.7), "a wilderness experience cannot help but be an adventure, but the reverse does not hold".

**Wilderness and a Relationship with Place**

The value of wilderness is much more than merely providing an 'unfamiliar' environment/ location. Several components to a wilderness experience make it more than merely an effective 'venue' for adventure therapy. The effectiveness of wilderness seems largely to have to do with the relationship visitors develop with 'place'. For example, as one relates with wilderness; as one negotiates it; must work with and against it; as one begins to feel comfortable in it; is able to nurture oneself in it; and as one begins to feel

familiar and safe in it, so relationship with 'place' is developed. Such a relationship is vastly different to a relationship developed with a ropes course, for example. The building of relationship with this 'place' for participants is often nurtured in a group context with supportive staff, but not necessarily dependent alone on a prosocial milieu. Sometimes a young person isolated from the group may find him/ her self in closer relationship with place and in such a situation, therapeutic processes are still observed. An individual's relationship with 'place' might seem to be as effective to the therapeutic process as his/ her relationship with others and healthy adventure. When on day nine of a wilderness journey a participant rises in darkness, alone, to watch the sun rise, one can't help but think something special is occurring, and that perhaps, a therapeutic relationship with 'place' is at work.

This idea of wilderness enabling the emergence of a 'therapeutic relationship with place' is evident within wilderness literature. For example, 'wilderness as healing place' (Miles in Gass, 1993); 'wilderness as educator' (James in Ibbott, 1999) ; 'wilderness as teacher' (of natural consequences) (Handley in Ibbott, 1999); 'wilderness as sacred space' (Tacey in Ibbott, 1999); 'wilderness as inexplicably pervaded by a sense of power, mystery and awesomeness' (Miles in Ibbott, 1999); 'wilderness for meaning and order' (Bacon cited in Miles, in Ibbott, 1999), and 'wilderness for spirituality' (Bowles in Ibbott, 1999). In their study on the benefits of wilderness experience, Kaplin and Talbot (in Ibbott, 1999) noted that nature in general, and wilderness in particular, made substantial differences in psychological benefits obtained. Drawing from both psychological and sociological research, Hogan (in Ibbott, 1999, p.7) contended that in the case of adventure programs in wilderness, "the benefits of adventure therapy programs are attributable to the wilderness itself".

### **The Outdoor Experience Program (TOE)**

TOE is funded as a drug treatment service by the Victorian Government (Australia) and auspiced by Jesuit Social Services. Located in Melbourne, taking referrals from the state of Victoria, and journeying into the most remote and wild regions within Victoria, TOE has a 16-year history in providing challenging adventures for 'at risk' young people. TOE's primary 'work' has almost always involved an extended, remote and challenging journey in a range of adventure modalities, especially bushwalking, ski-touring and rafting. At the core of TOE's philosophy, is a belief that in the context of a small, self-sufficient and 'healthy' group, participants on a wilderness journey are provided with experiences that 'compel' an holistic (intellectual, physical, emotional, spiritual) improvement of their relationships with self, others, and healthy adventure. 'Environment' (place) is seen as playing a key role in this process.

Like other adventure therapy programs, the emphasis within a TOE program centres around a selection of appropriate clients; the forming of a 'workable' and 'healthy' group; and involvement of this group in appropriate adventure activities, towards an aim of maximising the helpful or 'therapeutic' outcomes for individuals. Put another way, TOE staff aim to work with three primary realms, the Individual (along with an individual's life experience and personal therapy needs); the Group (and its assistance in providing a motivational and healthy context for individual therapy); and Healthy Adventure (or activity 'modality') which in TOE's case is primarily a wilderness journey.

### **TOE Definitions**

#### *Adventure Therapy*

At TOE therapy is currently seen as an intentional and holistic process of working towards positive change, with individuals. Working definitions of Adventure include, "an exciting experience; a hazardous enterprise; a bold and dangerous undertaking of uncertain outcome; a remarkable occurrence in one's personal history; a noteworthy experience or event in one's life" (Oxford Dictionary). Adventure therapy is seen as promoting positive self-concept and self-esteem outcomes for participants (*improvements in relationships with 'self', for participants*) and as promoting pro-social values and skills for participants (*improvements in relationships with 'others', for participants*) and as promoting improved judgement around risk, greater options for healthy activity, greater resilience, and skill developments (*improvements in relationships with 'healthy adventure', for participants*) amongst other outcomes.

#### *Wilderness Frame of Mind*

For the purposes of this paper, wilderness is defined as a natural or 'wild' place, relatively free from

'civilised human distractions', where 'civilised human distractions' are seen as anyone or anything that acts as a 'buffer' or 'comes between' humans directly experiencing nature. It implies that it takes 'work' or effort for 'modern humans' to directly experience the natural environment. For TOE, the degree of 'wilderness frame of mind' developed in participants is as important as the degree of 'wildness' within a place or setting. This concept contains the notion that even in wilderness, participants may not necessarily relate with the place as wilderness, and that whether we can access pure wilderness areas or not, we can work on creating and developing a 'wilderness frame of mind' in participants. A 'wilderness frame of mind' may already be evident in participants, but more often requires 'work' to develop, and the term is used to describe an attitude or openness that promotes, or at least does not 'distract', a person from relating closely and meaningfully with a wild place. Such an attitude promotes a capacity for 'self' to become part of 'place'. Wilderness Therapy is seen as promoting an improvement in relationships for participants with self, others and healthy adventure, primarily through the relationship participants develop with wilderness, experienced under certain conditions (including a wilderness frame of mind).

#### *Therapy at TOE*

Whilst the 'therapist' at TOE is responsible for 'treatment planning' (goal-setting) with participants, all staff are involved in the 'treatment' (therapy) of participants. Treatment plans (goals) are usually reviewed daily during program. With broad-ranging skills, three staff together design, implement, and review each program, usually supported with supervision from a clinical therapist working from within the same building. From a success-oriented (solution-focused) and participant-driven (client-centred) approach, staff aim to facilitate a range of 'life lessons,' at the core of which might be said to be the opportunity for each participant to directly experience processes of commitment- persistence- mastery- success- and completion. With some skills and experience gained in these areas, it is anticipated that participants will be more readily able to develop and realise other self-directed and meaningful goals in life. For TOE participants, other goals typically centre on issues of D/A misuse, self-concept, employment, and/ or relationships. It should also be noted, that staff at TOE take a 'reductionistic' approach with each participant, but this process is rarely conducted in a problem-focused way (e.g. through the use of language such as 'dysfunctional,') (Crisp, 1997, p.67). So whilst TOE's 6-week model meets 'mental health' or 'medical' definitions around the term therapy (for example, in employing a therapist, in gaining extensive personal histories, and in having individual 'plans', etc.) TOE challenges a clinical definition by playing down 'diagnostic' approaches, which implicate therapist as expert, participants as requiring a 'cure', and wilderness as 'clinic'.

The model of adventure therapy, as presented previously (see Figure I), is developed further to display the 'separating' effects D/A misuse and dependency has on such relationships for a young person (see Figure II). Explored towards the end of this paper, and again displayed with use of the model, is how wilderness experienced under certain conditions (including development of a 'wilderness frame of mind' in participants) becomes more than a 'venue' for healthy adventure or adventure therapy, and comes to provide a therapeutic process (relationship) in its own right (see Figure III). These models, whilst necessarily over-simplified, display an interplay of three main relationships, a participant's relationship with self, others and healthy adventure.

#### **Figure II**

**Drug/ Alcohol Dependency: a deterioration in healthy relationships with self, others and healthy adventure**

#### **Figure III**

**Wilderness Therapy: a therapeutic relationship with wilderness compels improved relationships with self, others and healthy adventure (under certain conditions)**

## **A TOE Program**

A typical TOE Program involves up to eight young people in a six-week adventure experience, incorporating a 12-day wilderness journey and several phases of commitment. A staff team of three are involved in all aspects of the program. At present the TOE team consists of one social worker and two outdoor educators. Young people aged between 14 and 25 are invited to apply for TOE programs, and typically present with a broad range of significant substance misuse issues. Most prevalent is the harmful use of alcohol, heroin and/or cannabis. Although less common the use of 'party drugs' (such as Ecstasy), and minor tranquillisers (such as Serapax, Valium) are present. Generally, young people selected for TOE programs are at a point in their lives where they want to make a change in their relationship with drugs/alcohol. Some participants will have recently detoxified, others might still be using occasionally, and some may have had a period of being completely drug-free. TOE works in a harm minimisation model, rather than an abstinence model, and supports the young people to reach their own goals regarding their D/A use. However, ability to be drug-free and not experiencing major withdrawal for the duration of the journey is a key factor in participant selection.

A significant number of young people referred to TOE programs have been diagnosed with mental health issue(s) and/ or are on some form of psychotropic medication. Many TOE participants take prescription drugs for depression, anxiety, sleeplessness and psychosis. Many have experienced trauma of some kind, and histories of self-harm and attempted suicide are not uncommon. Misuse of drugs/alcohol can be a highly effective way of blocking traumatic memories and/ or difficult feelings. When this is the case, the cessation of substance use can unveil a plethora of complex mental health issues. This, combined with the intensity of a remote wilderness journey, means that the full involvement of a therapist is crucial to ensure 'containment' and 'emotional / psychological safety' for each person.

The two rules TOE staff employ are that there is to be no violence of any kind, and that no drugs or alcohol are brought on the 12-day journey. Selection favours those young people who are able to be honest with themselves and staff as to their D/A use; those who want a chance to develop drug- and alcohol-free relationships; those who want things to be different; and those who want to challenge themselves in order to create change. Most applicants have had some trouble with the law, often due to their D/A use. Many participants have been, or are on, some form of community-based order, with some having been incarcerated. Participants come from a range of backgrounds and circumstances, some still living with their families, and others having little or no contact with their families. Many applicants have experienced difficult life circumstances, such as homelessness, abuse and mental health issues.

The process of selecting a 'safe' and therapeutic group is seen as fundamental to the program. Selection may involve a series of meetings, phone calls and contacts with a young person and their 'system' (with full permission) in order to attain the best possible picture of his or her readiness, and for the putting together of a healthy group. As a result of the short-term nature of the program, each young person is encouraged to involve a 'support worker' in the program. The TOE program is structured to formally involve support workers at key points in the program (e.g. interviews, goal-setting, debriefing interviews, and graduation celebration). It is also encouraged that support workers will provide additional support as may be required by participants during the program (e.g. housing and legal issues). Ideally a support worker has a relationship of trust with the participants and will be able to effectively utilise the participant's TOE experience in their on-going work with the young person. TOE seeks to work from a systemic framework, which takes into account broader systems issues (such as class, culture and ethnicity) as well as the closer social context (including family and peers) of participants. Due to issues of limited resources, TOE is unable to provide much family-specific work for its participants, although often there is communication with the family or key people in the participants' life throughout the program, and afterwards.

## **Phases of TOE**

### **Phase 1: Orientation**

Participants attend, on a daily basis, one week of orientation with the group. This week focuses on group development activities (e.g. ropes courses, initiative activities, group boundaries and rules developed by the group), and the notion of “safe space” is developed. On-going information (some of which is experiential) is shared with participants about the kinds of challenges the 12-day journey will entail. The participants’ ‘readiness’ for the journey continues to be assessed and discussed both on an individual and group level. At the end of the first week of preparation, participants are asked to commit (or not) to the 12-day journey, and attend a goal-setting interview, in order to better clarify their individual goals for the journey.

### **Phase 2: Preparation**

The ‘committed group’ then commences the second week of the program, entailing a week of practical preparations for the journey. Preparations include learning how to read maps and plan an itinerary for the journey; how to cook on lightweight stoves, plan menus and package food; how to treat someone in basic first aid; and in a range of ways, how to stay safe in the wilderness. The group also practices the use of outdoor equipment, such as tents and clothing. Individual and group issues are managed as they arise and are seen as an integral part of the process. Staff work steadily towards participants gaining personal and group ownership of the wilderness experience, so as far as possible and to increasing degrees, decisions are handed over to the group. Throughout the pre-trip phase, staff work with participants regarding drug-use issues within the context of maintaining a ‘safe’ group and individuals’ readiness to undertake the journey.

### **Phase 3: The Wilderness Journey**

Depending on individual therapy needs, and taking into account season, environmental conditions, group fitness levels, medical concerns and participants’ previous outdoors experience, the 12-day journey may involve a bush walk, raft trip, or ski tour, or a combination of two of these activities. The journey is always within a remote area (which may involve up to eight hours of driving to get there); involves a movement from point A to B; requires group self-sufficiency; and involves ‘unknowns’ (such as those that the wilderness and journeying activity bring). The trip route is, as much as possible, formed around and with participants. Flexibility is always incorporated into route plans, to allow for a day by day assessment of ‘how far to push’ and in what ways, as well as for ‘therapeutic processes’ to occur (for example, conflict resolution, crisis intervention or counselling). With a core philosophical statement of “do no harm”, the idea of ‘breaking’ participants either physically or emotionally does not have any place, on any level, at TOE.

TOE’s commitment to a ‘challenge by choice’ model means that, once started, participants are aware that they can choose not to continue the journey, once started. They are also aware that this may not be easy and may involve a two-day hike out to a dirt road (and two more days to get home). When a participant makes a considered decision to discontinue the journey, all efforts are made by staff to help that choice be a therapeutic experience for the young person, and new goal setting, as well as some kind of new commitment is worked through with them. It should be noted that that getting to ‘point B’ does not matter as much as ‘what happens along the way’. This statement translates to every aspect of the entire program and is stated to the young people at the beginning of the program. The journey is 12 days in duration for very intentional reasons, as experience shows that there are quite clear patterns and processes which occur over a journey of this length:

#### *Days 1-3*

This is when participants’ bodies work through feelings of being unfit and unhealthy, and begin to gain some strength and power (eg. ‘my lungs feel clear’).

#### *Days 4-6*

This is when participants’ heads and minds begin to clear. In this stage, for example, participants’ memories appear to be at work, vivid dreams with personal significance start to happen, and often participants seem to begin to engage in meaningful personal reflection (eg. ‘my Dad didn’t want me to succeed’). This stage in the journey is usually a time when participants’ ‘*Old Stories*’ have been illuminated clearly and with some depth, so are providing much material for staff to work with.

#### *Days 6-9*

This is a time when bodies feel strong, minds are 'alive', and a sense of optimism or empowerment begins to grow in participants. We call this the 'dreaming phase' because often plans for the future, resolutions, and new commitments begin to form in participants' minds (eg. 'I'm not going to continue my friendship with Barry when I get home'). This stage tends to clearly illuminate '*New Stories*' participants' are developing about themselves (eg. 'I am a determined person like my Father'). Staff may begin working with participants on helpful strategies for back in 'normal life,' and if appropriate, offer opportunities to practice such strategies whilst still in the 'safe' context of the group, in the wilderness.

#### *Days 9-12*

This works towards preparing participants for going home. A range of strategies are utilised, including group and individual discussion, and a use of metaphors (such as the idea that going home is like 'landing'). It is important that participants are as much as possible and holistically (body-mind-emotionally-socially-spiritually) ready for going home, prepared with strategies and a detailed 'plan' for the homecoming and the first few days back, at least. Whilst the group is still in a natural setting, and usually in the context of a base-camp, an individual debrief is conducted with each participant.

#### **Phase 4: Follow Up**

On return from the journey the group continues with a daily program that continues the therapeutic process. This phase includes group 'recovery', relaxation and processing, utilising a range of activities and mediums. Individual debrief interviews (involving support workers) are conducted towards the end of the first week back. These are used for reflection and feedback about the trip, where the young people draw meanings from their experiences and plan strategies for 'what now?'

In the second week back after the journey, participants begin preparations for a 3-day 'follow-up' camp. The camp is usually conducted in a more accessible location, and is not as physically challenging as the wilderness journey. The camp aims to assist participants in the process of drawing links between the wilderness journey and being back in 'normal life'. This provides further opportunities for group processing, personal reflection and reinforcement of strengths discovered and learnings made. Further, this camp provides opportunity for individuals to reflect on their 'landing' (return) from the wilderness trip; for the group to attain 'closure'; and for participants to begin to focus more clearly on their own individual life journeys after the program ends.

The program closes on the last day of the sixth week, with a graduation celebration. Staff support participants to plan and run this event. Participants are encouraged to invite friends, families, workers and an atmosphere of celebration of their achievements is created. Graduation is seen as a culmination of the processes of commitment- persistence- mastery- success- and completion, for participants. Slides from the journey are shown, artwork and creative writing is shared, stories are told and personal certificates of achievement are presented. Limited resources means that TOE is presently unable to provide the kind of follow-up ideally required in this sort of program and funds are being sought for the development of the program. However, TOE has an "open door" policy – participants can apply for further programs, and are able to visit and make contact with staff as they like (and they do).

#### **Wilderness Journeys for Improved Relationships with Self, Others and Healthy Adventure**

Within the TOE program, the wilderness is not put forward as a blanket cure or panacea therapy. With the proviso that the wilderness is experienced 'under certain conditions', TOE staff sees potential for wilderness to provide more than merely a helpful context for therapeutic work. This section discusses the kinds of conditions under which wilderness in its own right, might be said to become therapeutic, or relate therapeutically with participants. At the centre of this idea is that wilderness experiences provide opportunities and powerful lessons in not only life lessons, but in self-nurture, and in healthy dependencies, for participants. The promotion of healthy dependencies on self, others and healthy adventure, as occurs during the course of a wilderness experiences (under certain conditions) replaces unhelpful self nurture patterns (typical of those misusing D/A) with healthy self nurturing. It is under these 'most helpful conditions', that TOE staff have observed a 'wilderness frame of mind' at work in participants, and

witnessed wilderness as providing a powerful influence in a therapeutic process of 'relationship-restoration' for young people.

### **Wilderness Experienced Closely**

To *closely* experience wilderness, an experience free of 'civilised human distractions' is required. To experience wilderness 'within earshot' of a place of 'civilised human distractions' (such as a thin strip of nature directly adjacent to a city, for example) is 'distracting' from development of a wilderness 'frame of mind' in participants. A sense of remoteness is important for 'close' experiences of wilderness. The time spent in the wilderness and the degrees of immersion within wilderness also affect the degree of 'wilderness frame of mind' developed in participants. Wilderness is not as easily experienced on a brief three-day camp, where bodies and minds have not yet adjusted to 'place' and where the distractions of civilisation are only 'a couple of sleeps away'. On short visits, bodies and minds know that 'civilised distractions' are not far away in time, which is akin to having civilised distractions not far away in geography. To 'see the end as you start' inhibits development of a 'wilderness frame of mind.' In addition, shorter trips do not allow enough time for participants to gain more than a superficial relationship with 'place.'

Longer time allows participants to grow fond of places, and even to develop an *iconography* of the landscape they are experiencing. Having spent enough time negotiating a feature or features within a landscape, for example, participants can begin to attach significance and personal meaning to features and places, and lessons of a timeless nature often begin to be drawn from, or reflected, through relationship with such features or places over time (Daniels and Cosgrove, 1988). Along similar lines, to be dropped into the wilderness by a helicopter does not have the same effect as having personally journeyed into it. Being only a 'chopper ride away' from civilised human distraction, as well as that it took 'civilised human distraction' (a dependence on helicopter technology) for you to experience wilderness, is not helpful to development of a 'wilderness frame of mind' within participants. For greater immersion, the means of entering into a wilderness place also needs to be as free as possible from 'civilised human distractions'. Put another way, the simpler or more basic your means of immersing yourself in wilderness, the easier it is for you to closely experience wilderness. Using simple adventure modalities such as walking, assist this aim.

Minimal staff instruction or direction giving whilst experiencing the wilderness also assists participants to most closely experience wilderness. Free from staff 'protection', participants must negotiate wilderness on their own terms. The approach of staff is paramount to any program experience, but for greatest development of a 'wilderness frame of mind' in participants, staff on wilderness programs need to be alert to their own capabilities of becoming a 'civilised human distraction' through the very nature of their role. It is easy for staff to become 'buffers' between participants and wilderness, merely through taking on more of a teacher role, a helper role, even by becoming overactive in a therapist or counsellor role, or by being too directive about the whole experience.

Direct relating with place (wilderness) as is encouraged through these kinds of approaches and conditions, means participants are forced to depend on self-nurture techniques to negotiate place and experience, rather than depending upon technological nurturing techniques (such as a use of vehicles, pillows, drugs or alcohol, legal medication, or sophisticated machinery, for some examples). Self nurture, as occurs when a participant puts on a coat to stay dry; sits and looks at the landscape, eats to have enough energy; touches a tree to see what it feels like, resolves conflict to get tasks done; and allows self to feel sad, angry, determined, or 'unpleasant' along the way, is self nurture that comes from healthy dependencies. Free from 'civilised human distractions,' participants appear to be forced into closer, raw, real relationship with 'place'. Under these conditions, it becomes apparent that the value of wilderness is not about being in an 'unfamiliar place,' but as being in a place that can become familiar, and place that over time, participants can develop therapeutic relationship with. Living in a wilderness place, under the conditions described, engages a person's body, mind and spirit in the experience, and a sense of adventure of course, encourages a person to engage emotionally as well (amongst other things). Under these kinds of conditions, participants appear to allow and invite wilderness to nurture.

### **Wilderness Experienced Meaningfully**

Whilst it is necessary for participants to experience wilderness closely, to experience wilderness

meaningfully is another matter. In speaking about headwinds, natural obstacles and distance, one TOE participant on a wilderness journey said, 'just when I think I'm at my limit, the wilderness throws another challenge at me, just to show me I wasn't'. In this way, it might be said that 'place' compelled a closer relationship for this participant with Self. After a freak mountain lightning storm, with the group huddled in silence, a shared moment of exhilaration came as group members realised, then verbalised, their relief that everyone had survived. In this case, a wilderness experience appeared to 'compel' a closer relationship for participants with Others. And it is through means of wilderness journeys, that TOE staff have observed wilderness as providing opportunities for participants to develop closer relationship with Healthy Adventure. This section seeks to outline some of the influences journeying has on participants' experiences of wilderness, and to highlight some of the processes involved.

Journeying gives participants a particular framework, language and metaphor by which to understand their wilderness experience. Particularly for young people struggling with D/A issues, the use of the word journey appears to bring about a positive relevance to life, for participants. Whilst wilderness journeys provide opportunity for a completely different experience and a different reality, in ironic ways, simultaneously, journeys have many helpful links and similarities with life. In journeys, for example, you can struggle and fail, but as long as you make it home, you have succeeded, and as long as you are moving forward, you are not moving backwards ('if things are changing, things are changing'). Further, things might feel bad, but the situation will change and you will feel better: 'things pass' when you are journeying.

Useful in looking at the power of journeys in wilderness, is to compare them with the power Fairy Tales might be said to have, in assisting young children to order their often chaotic, sometimes uncomfortable, and relatively unformed 'inner worlds'. For children to be brave enough to confront their difficult feelings or confusing understandings of the world, stories of kings and queens, gremlins in faraway places, heard and reheard, can be very useful (Bettelheim, 1975). Similarly, whilst wilderness journeys happen in faraway places and usually contain a certain amount of magic and some heroics, the lessons that are learnt there, usually provide understandings that promote order or a process of ordering, around issues to be faced back in 'normal life'. The distance from 'home', and the story attached to the experience might be key elements for why wilderness journeys appear to be useful (for people of all ages) in regaining of a sense of 'order', often described as 'gaining perspective'. Whilst kings and queens, and gremlins are not necessarily 'real life', like mountains, the parallels with normal life are as obvious to journeyers as they are to listeners. 'Life is like a mountain range, full of ups and downs,' as many participants' (and staff) have verbalised. Useful and meaningful metaphors for life flow freely in the context of a wilderness journey.

Apart from program aims, the remoteness that wilderness brings (i.e. no easy 'escape') combined with the physical nature of journeying, requires that participants be D/A-free for the duration of the journey, which is valuable in itself. Apart from the inherent therapeutic value 'adventuring' brings, perhaps the greatest value of journeying is as simple as that participants must use their bodies. And to be in a Base Camp setting using your body is a different experience to using your body in a 'moving' (journeying) context. Put simply, it could be said that journeys compel momentum: 'If I want to get to the end, I must keep moving'. On a rafting journey, whilst paddling steadily onwards, a TOE participant cried 'I can't seem to finish anything in my life.' On one hand she was having an insight about normal life, on the other hand, and even as she spoke, the journey compelled her onwards to finish something (she hadn't stopped paddling!). To keep 'momentum' up (i.e. bodies and minds engaged) within a base camp setting, usually requires more 'structure', more 'time-keeping' and more 'staff direction', all of which bring elements of 'civilised human distraction' to the experience. An additional aspect of journeying that should be made brief mention of, is that a 'light and simple' lifestyle is promoted and encouraged in participants, in a way that makes sense. If one has to carry everything one needs on one's back, one will want to carry less. It is easier within the context of a journey, therefore, for participants to understand that 'civilised human distractions' are unnecessary and can even 'get in the way' (unlike if settled within a base Camp context where 'things' don't necessarily need to be moved or carried).

Although a certain level of comfort will be reached as participants learn self-nurture techniques and the group bonds, wilderness will always provide surprises -even if it is just the surprise of finding more or less water flowing from a spring, than you had imagined. It might be said, therefore, that as well as having

directly experienced the processes of commitment- persistence- mastery- success- completion, it is largely the surprises that continually occur during wilderness journeys that provide the powerful life lessons for journeyers. Not contrived, not programmed, not set-up, it could be said that all that goes on in wild and natural places is 'surprising'. With each new response asked of them, it could be said that it is the surprises inherent within wilderness journey experiences that compel participants' into relationship with place. Being confronted with new and challenging experiences, as happens very naturally within a journeying context, provides practice for coping with new and challenging experiences, and, therefore, building what might be called 'resilience'. And participants usually experience as much 'nurturing' from wilderness as they do challenge. When the sun comes out or the wind stops, or stars fill the sky, these experiences of peace, beauty and connection mean participants feel 'cared for' by place.

Journeys take participants over varied and wide terrain, offering participants a range of places and features from which to draw personal meaning. Relating to changing places over time usually allows each participant to grow fond of one feature, or choose a favourite place, (and perhaps a least favourite), thus better enabling an attachment of personal meaning to landscape than if settled in one place (where you may either like it or not, with little choice). Put another way, journeys allow broader opportunities for development of an iconography of landscape, for participants. It should also be noted that times set aside for personal processing allow participants to best draw meaning from their experience. Journeys that involve too many 'structured', 'group-oriented' and 'staff-dependent' processing sessions are at risk of bringing in 'civilised human distractions' to the wilderness experience. Rather than being crucial to the experience, over-zealous facilitators and briefers/ debriefers can easily interfere with participants drawing their own meanings from relationship with 'place'. Space and silence for reflection and contemplation nurture a 'wilderness frame of mind' in participants. Participants need opportunities to be with wilderness (not just journey through it) in order to meaningfully experience wilderness.

With each new experience and response, a wilderness journeyer is drawn into closer relationship with Self. Likewise, tasks involved in journeying draw individuals into closer relationship with Others. Due to the physical momentum journeys create, participants are also drawn into closer relationship with Healthy adventure. So as long as commitment, openness and transparency exist throughout, wilderness journeys can assist participants to develop close and meaningful relationship with 'place'. Figure III shows the 'colouring' effect wilderness may be said to have on a person's relationships, in the context of adventure therapy. Arrows show wilderness 'compelling' closer relationships for participants with self, others and healthy adventure. Included in the diagram are the elements TOE staff work with, in order to promote helpful conditions towards a 'wilderness frame of mind' in participants. Under these conditions, we have found, the wilderness becomes more than a good place for therapeutic adventure, but more a place that relates therapeutically with participants.

## **Conclusion**

Adventure therapy within a TOE program centres on engagement of a 'healthy' group in appropriate adventure activities, towards an aim of maximising helpful or 'therapeutic' outcomes for individuals. Emphasis is given to participants experiencing processes of self nurture, development of healthy dependencies (on self, others, adventure and place), and achievement of self-directed goals (commitment-persistence-mastery-success-completion). For young people whose relationships with self, others and healthy adventure have been negatively impacted through drug/alcohol dependency, adventure therapy works to minimise the pull of the relationship with these substances by: replacing them with a pull towards self-directed health-giving experiences (self nurture); replacing harmful dependencies on substances with helpful dependencies on self, others, and healthy adventure; and by providing alternative and empowering experiences of success. In this way, where drug and alcohol misuse has led to a deterioration for young people in relationships with self, others and healthy adventure, adventure therapy can be seen to counteract and improve these relationships.

Wilderness powerfully enhances the effects of adventure therapy programs, and where participants are able to develop a 'wilderness frame of mind' and relate closely and meaningfully with place, a therapeutic relationship with 'wilderness' is also seen to be at work for participants. Wilderness experienced under these conditions is more than a helpful venue, but enters a process of 'Wilderness Therapy,' where place relates directly with participants in a process of positive change. An experience of healthy dependency on

wilderness compels young people into acts of self nurture, improves their relationships with self, others and healthy adventure, and provides success experiences that counteract the harmful effects on relationships, of young people dependent on drugs and/or alcohol. Of course, techniques and approaches utilised towards an aim of participants developing a close and meaningful relationship with 'place' will vary from program to program, individual to individual, therapist to therapist, group to group, adventure to adventure, activity to activity, moment to moment, and place to place, but until participants experience this, it might be that they are experiencing adventure therapy. 'Wilderness Therapy' at TOE provides an intentional use of healthy adventure, individual and group work, and development of a relationship with 'place,' towards an aim of positive change for individuals.

With so many variables and complex dynamics at work, there is endless scope for improvement and development within wilderness and adventure therapy programs. And with the growing rate of drug/alcohol misuse by young people in our context, it seems we will need to keep refining our work, developing approaches that are collaborative, and tailored, and longer-term. Of concern for us in this style of intervention, is the endless challenge we are faced with, in attempting to minimise 'civilised human distractions' for participants, so that they can gain the benefits of wilderness therapy. Funding bodies request larger group sizes, and budgets point towards shorter trips and programs; participants expect a use of technology, and coroners tell us to carry Epirbs. The fringes of wilderness areas are being developed, and the 'quality' of the wilderness we access has deteriorated over time (for example, we are more likely to come across other people, find signposts directing us to water points and hear planes along the way). As a program and as a field, we will need to work hard at protecting the wilderness areas we have, and at advocating for minimal 'civilised human interference' with wilderness areas, not to mention attempting to simplify our own lifestyles. In addition, in order to continue effective wilderness therapy into the future, we will need to develop our skills in creating a 'wilderness frame of mind' in participants and in ourselves.

## References

- Bacon (1983). Cited: Miles (1995, 52) in Ibbott, K. (1999). Wilderness Therapy. *Psychotherapy in Australia*, 5(2), 6-11.
- Bettelheim, B. (1976). *The Uses of Enchantment: the Meaning and Importance of Fairy Tales*. Thames and Hudson, Great Britain.
- Bowles (1995) in Ibbott, K. (1999). Wilderness Therapy. *Psychotherapy in Australia*, 5(2), 6-11.
- Crisp, S. (1997). International Models of Best Practice in Wilderness and Adventure Therapy. In Itin, C.M. (Ed.) *First International Adventure Therapy Conference Proceedings* (pp.56-74). Camping and Outdoor Education Association of Western Australia.
- Daniels, S. and Cosgrove, D. (1988) Introduction: Iconography and Landscape. In Cosgrove, D. and Daniels, S. (Eds) (1988). *The Iconography of Landscape* (pp.1-10). Cambridge University Press, Cambridge.
- Gass, M.A. (Ed.) (1993). *Adventure therapy: Therapeutic applications of adventure programming*. Dubuque, IA: Kendall/ Hunt.
- Oggers, P. (1998). Adolescent Substance Use. In Hamilton, Kellehear, Rumbold (Eds). *Drug Use in Australia: A Harm Minimisation Approach* (pp.110-116). Oxford university Press, Melbourne, Australia.
- Handley (1992, 1994) in Ibbott, K. (1999). Wilderness Therapy. *Psychotherapy in Australia*, 5(2), 6-11.
- Ibbott, K. (1999). Wilderness Therapy. *Psychotherapy in Australia*, 5(2), 6-11.

- James (1995, 91) in Ibbott, K. (1999). Wilderness Therapy. *Psychotherapy in Australia*, 5(2), 6-11.
- Kaplin and Talbot (1983, 198) in Ibbott, K. (1999). Wilderness Therapy. *Psychotherapy in Australia*, 5(2), 6-11.
- Kimball, R.O., and Bacon, S.B. (1993). The Wilderness Challenge Model. In Gass, M.A.(1993) *Adventure therapy: Therapeutic applications of adventure programming* (pp.11-41). Dubuque, IA: Kendall/ Hunt.
- Lambert, C.A. (2000). Deep Cravings. *Harvard Magazine*. March-April, 2000, pp.6-9.
- Miles, J. (1993). Wilderness as Healing Place. In Gass, M.A. (1993) *Adventure therapy: Therapeutic applications of adventure programming* (pp.43-56). Dubuque, IA: Kendall/ Hunt. U.S.A.43-56
- Miles (1995) in Ibbott, K. (1999). Wilderness Therapy. *Psychotherapy in Australia*, 5(2), 6-11.
- Nadler, R.S. (1993). Therapeutic Process of Change. In Gass, M.A. (1993) *Adventure therapy: Therapeutic applications of adventure programming* (pp.57-69). Dubuque, IA: Kendall/ Hunt. U.S.A.
- Victorian Government (Drug Treatment Services). (1998). Needs Analysis Study. *Young People and Drugs*.

### **Acknowledgements**

Ideas put forward in this paper come from discussion and debate (usually walking up a mountain) with Jane Conway and Hugh Sanderson. And whilst they may not agree completely with everything written here, this paper comes out of their experience and insights, and ours as a team. Thanks to them, and to Tony Kelly for his reviewing of this paper.