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Emerging stories of self: long-term outcomes of wilderness therapy in Norway

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ABSTRACT

This paper is a twelve-month follow-up study that explores perceived outcomes from participation in a Norwegian wilderness therapy program. Through a critical realist approach, the authors performed an in-depth analysis of individual interviews with ten adolescent participants. Long-term outcomes included the transfer and adaptation of calming and nature-supported strategies to the participants' home environments, improvements in mood and emotional regulation, and increased social interaction. Overall, the adolescents seemed to exert greater independence and agency in their lives at twelve months post-treatment. This ability appeared to be facilitated by underlying processes that entailed insight, awareness, and acceptance of oneself and one's situation. The authors suggest that these emerging stories are fragile, yet conditioned by a fundamental (re)connection with the self and address this cautious proposition in the discussion. Finally, a more precise theoretical framework should be developed to support future in-depth explorations.

KEYWORDS



Wilderness therapy; friluftsterapi; adolescents; mental health treatment; outcome

It is after all so easy to shatter a story. To break a chain of thought. To ruin a fragment of a dream being carried around carefully. Like a piece of porcelain. To let it be, to travel with it ... is much the harder thing to do.

–Arundhati Roy (1997), *The God of Small Things*

Introduction

There have been increasing efforts over the last decade to integrate the use of natural environments into health care services in the Nordic region (e.g., Annerstedt & Währborg, 2011; Norwegian Ministry of the Environment, 2010). Wilderness therapy is an example of a nature-based approach to treatment (Pálsdóttir, Sempik, Bird & van den Bosch, 2018) that may represent both a culturally- and age-appropriate group intervention for adolescent mental health services in Scandinavia (Fernee, Gabrielsen, Anderson & Mesel, 2015). In the practice of wilderness therapy, the restorative qualities of nature are combined with both group-based and individual activities and therapeutic work (Davis-Berman & Berman, 1994, 2008). Wilderness therapy is often placed under the umbrella term of adventure therapy (Gass, Gillis & Russell, 2012), which represents a diversified field of practice across an increasing number of countries around the world (Norton, Carpenter & Pryor, 2015). Recent publications continue to indicate that the efficiency of wilderness and adventure therapy is equivalent to that of other therapies for adolescents who struggle with social, emotional, and behavioral

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issues (e.g., DeMille et al., 2018; Dobud & Harper, 2018; Harper, 2017). However, there is arguably a shortcoming of studies that focus on the youth perspective and that explore whether, and in which ways, participation in wilderness therapy leads to long-term outcomes. The aim of the present study was to explore the adolescent clients' perceived outcome(s) twelve months after participating in a newly implemented nature-based group treatment at a state hospital in Norway. The adapted version of wilderness therapy to a Norwegian context is called *Friluftsterapi*, which translates as 'therapy in the open air' (Ferneer et al., 2015). *Friluftsterapi* has been defined as a specialized approach to mental health care that combines individual and group-based therapeutic work with basic outdoor life, intended to engage participants through ecological, physiological and psychosocial processes (Gabrielsen, Ferneer, Aasen & Eskedal, 2016).

The reflections of ten adolescents have informed this exploration of the long-term impact of participation in *friluftsterapi*. Overall, the time spent together in nature appeared to serve as a positive life experience that the youth could look back on and possibly draw strength from in retrospect, as explained by a female participant at twelve months post-treatment: 'I think about it especially to try and cheer myself up when I feel down ... I have some good memories from there. I do not exactly have that many great memories from before'. The collected memories from *friluftsterapi* offered an alternative to prior negative life experiences and could thereby represent the emergence of new stories for these adolescents to carry around carefully, referring back to the opening quote from Arundhati Roy. Another female participant commented on the anticipation and mastery involved in the treatment process, which altogether evolved into one such story:

It was kind of fun to have something to look forward to, and by that I do not mean that you looked forward to the hike, but you looked forward to having completed the hike ... That you could feel slightly proud of something you did ... And you can look back on a story.

However, these participant narratives, or perceived outcomes, are fragile. The potential positive impact of any intervention may easily be shattered over time. As the adolescents continue their daily lives post-treatment, various demands, hardships and negative cognition may make these new stories hard to 'travel with' and hold on to, as pointed out in the opening quote. Through a critical realist approach, the objective of this follow-up study was therefore not only to explore the perceived outcomes over time, but in addition attempting to gain insight into some of the circumstances that might support or hinder potential outcomes from emerging and remaining up to a year after the conclusion of *friluftsterapi*.

Methods and procedures

The critical realist approach

We applied a critical realist framework (Danermark, Ekström, Jakobsen & Karlsson, 2002) due to its compatibility with the complexity of both nature-based mental health care and real life in general. In line with critical realism, we approached the twelve-month post-treatment period as an open system (Pawson, Greenhalgh, Harvey & Walsh, 2005). The interplay between human agency and a range of supportive or limiting factors across intrapersonal, interpersonal and contextual structures (Archer, 1998) can influence the impact of *friluftsterapi* over time. This mutual interaction between an individual and the numerous internal and external circumstances can result in reproduction, in which a given state or situation remains more or less the same, or to minor or major changes, whether these are considered to be improvements or deterioration (Archer, 2003). The overall purpose of realist inquiries is explanatory, rather than judgmental. Instead of looking for definite answers, we sought in-depth descriptions of perceived outcomes—or emerging stories—that encompassed examples of 'success, failure, and various eventualities in between' (Wong, Greenhalgh, Westhorp, Buckingham & Pawson, 2013, p. 1006).

Program description

Friluftsterapi was offered as a stand-alone, outpatient group treatment. Participation was voluntary and friluftsterapi was presented as an optional treatment choice within the specialist mental health care at Sørlandet Hospital in Southern Norway. This first version of friluftsterapi was a ten-week program that included a total of eight single-day sessions and two overnight trips of three and six days' duration. With the exception of the introductory day, the treatment as a whole was provided in the outdoors. According to the *friluftsliv* tradition, a connection to nature was sought through the simple life outdoors (Fernee et al., 2015; Gabrielsen & Fernee, 2014). The clinical groups were heterogeneous, mixed gender, and composed of six to eight participants in a closed group structure. A multidisciplinary therapist team of three mental health professionals was in charge of all aspects of the intervention and remained with the group throughout the entire program, including the overnight trips. This version of friluftsterapi did not include follow-up sessions. Family involvement was limited to an invitation to take part in the introductory day and the closing ceremony at the end.

Participants

This study included participants from two friluftsterapi interventions that ran in parallel from March to May 2015. A previous article (Fernee, Mesel, Andersen & Gabrielsen, 2019) explored the treatment process of the same two groups through fieldwork combined with a first round of individual interviews shortly following conclusion of the intervention. The present study was based on a second round of interviews that took place around twelve months post-treatment. Focusing on perceived outcomes from friluftsterapi, the sample was limited to the individuals who completed the majority of the intervention. We therefore reduced number of participants from fourteen individuals in the original sample to ten adolescents in this follow-up study, thus excluding the three clients who opted out of the six-day expedition and a fourth client who recovered quickly and decided to leave the program early. Reasons for not coming along on the expedition included two male participants who did not feel physically capable and a female participant who attended a school trip instead. The fourth client was a female participant who felt much better by day four of friluftsterapi and therefore requested to be discharged from further treatment.

The final sample of ten adolescent clients included six girls and four boys who were between the ages of sixteen and eighteen years of age at the time when they participated in friluftsterapi. Nine participants were ethnic Norwegian, while one individual originated from another Scandinavian country. The sample was rather heterogeneous with regard to history of treatment, presenting diagnoses, and school attendance. Three participants were first-time referrals. The remaining seven had been in treatment before, three of these for more than three years. Approximately half of the participants reported one or more diagnoses along the anxiety and/or depression continuum. Other conditions were posttraumatic stress disorder, myalgic encephalomyelitis/chronic fatigue, and pathological gambling. Most of the adolescents reported to have experienced one or multiple adverse childhood experiences, including (a) bullying and/or discrimination, (b) physical, sexual, and/or emotional abuse, (c) divorce, separation from, or loss of a parent, and (d) mental illness, problematic alcohol and/or drug use of a household member. Finally, five participants were in school full-time, one part-time, while four participants had dropped out of school prior to taking part in friluftsterapi.

Data collection

Individual semistructured interviews took place around twelve months post-treatment. The principal author conducted all ten interviews that lasted between 37 and 85 minutes. The interviewees were familiar with the principal researcher, as she followed the two groups through the friluftsterapi intervention as a participant observer. She also carried out the first round of interviews shortly following the conclusion of the intervention, which meant that rapport was established before the

follow-up interviews. The interviewees decided where to meet. A number of the interviews were carried out in the participants' homes, while the rest took place in public locations such as at school, in cafés, or at the hospital. The interviews were audio recorded and transcribed verbatim in Norwegian by the principal researcher.

Data analysis

A critical realist approach to explanatory research (Danermark et al., 2002, pp. 109–111) guided the analytic process, which included the following four stages: (1) initial description, (2) analytical resolution, (3) abduction, and (4) retroduction. The initial description stage involved repeated readings of interview transcripts to acquire an overview of the post-treatment period, guided by the question: 'what has happened?' In this first phase of the analysis, we particularly noticed the various strategies that the participants reported having acquired during friluftsterapi and proactively made use of since. We also made note of difficulties they were still navigating in their lives, along with examples of situations where they felt, for instance, mastery or disappointment after challenging themselves in different settings, and again how this related to their experiences from participating in friluftsterapi.

In the analytical resolution stage, we attempted to understand these situations and experiences in more detail. The guiding question of 'what has happened?' remained, but it moved in an exploratory direction towards 'why did this happen (or not happen)?' In this phase, we tried to elicit some of the potential supportive and limiting circumstances for the perceived outcomes to emerge and remain over time, which lead us to discovering seemingly deeper processes that entailed, for instance, acceptance, awareness and insight.

In the abductive stage, we searched for alternative explanations for these tentative descriptions by challenging the preliminary hypotheses through different frames of thinking. The abductive phase was guided by the question 'how could the explanations have been different?' This stage entailed rereading the transcripts to search for details and discrepant information that we might have missed during initial readings. Furthermore, we discussed tentative findings within the author team in order to reduce researcher bias, in addition to corroborate with reported findings from previous wilderness therapy studies.

Finally, in the retroduction stage, we attempted to elicit fundamental conditions for the perceived outcomes to emerge and remain over time. This phase was guided by the question 'what must exist for the suggested processes to happen?' In this final stage, we continued exploring possible underlying circumstances, which ultimately lead us to propose that the perceived outcomes were conditioned by what seemed to be a fundamental (re)connection with self, appearing across, or beneath, the participants' accounts—as emerging stories of self.

Ethics

Research that involves young people and vulnerable populations, in this case adolescent clients who are or have been in specialist mental health care, is inherently challenging from an ethical point of view (Damianakis & Woodford, 2012; Warin, 2011). Particularly in follow-up studies, it is imperative to treat consent as a continuing process rather than a single event. Voluntary, informed consent was therefore reconfirmed at various stages of the project, from the initial signing of the informed consent form through to the final round of interviews up to a year post-treatment. Approval was obtained from the Regional Committee for Medical and Health Research Ethics (REC) South East, Norway (No. 2013/1841).

Results

This in-depth exploration of long-term outcomes from participation in friluftsterapi resulted in six proposed emerging stories that we have called: (1) *the nature remedy*: new perspectives and strategies, (2) *all shook up or shaking it off*: on emotional regulation, (3) *bodymind insight*: stabilizing

dynamics, (4) *acceptance of self*: a source of confidence and patience, (5) *isolation to socialization*: crossing that 'mountain', and finally (6) *(re)establishing agency*: becoming one's own person. These 'stories' can be understood as processes of change that were still ongoing, often fluctuating, and as such, not considered to be finalized or static outcomes.

The nature remedy: new perspectives and strategies

Friluftsterapi took place in nature, which provided an environment that represented a contrast to normal day-to-day life for most of the adolescents. Twelve months later, a male participant admitted that he maintained his preference for technology, gaming and indoor life over nature, but he expressed appreciation for the new perspectives and knowledge he gained through spending time outdoors:

I had the opportunity to look at the stars a lot, which you cannot see in the cities because of the streetlights that block the light from the stars, you know ... That was nice to experience. Just lying on the ground and looking up. A bit cold, but looking up and gazing at the sky ... What if you could do this at home too? That I have thought about, at least ... Now I not only have knowledge about the Internet, but from nature as well. At least it gave me a new perspective, it really did.

While this individual had not spent time in nature post-treatment, other participants proactively made use of strategies they had learned whilst in friluftsterapi. For instance, another male participant, who had benefited from quiet time in nature, explained how he made use of this 'remedy' in his daily life a year later:

When I have a lot on my mind or need to think things through, but do not really manage to, instead of sitting in my room, I go outdoors. And I do not need to go far before I am deep into the woods.

This young man felt fortunate to have direct access to the forest from where he lived; for him, the opportunity to spend time in nature was readily available. Another participant who lived in an urban area was able to adapt a similar strategy to his home environment, that however did not seem to depend on a green space. The immediacy of the effect surprised him: 'I notice that if I sit around indoors I become fucking exhausted and depressed, so I go outside, and I can be outdoors for five minutes and I am in a good mood again.' These strategies—or remedies—whether they involved spending time in nature or just stepping outdoors for a while, tended to replace remaining indoors and using computers or other devices. A female participant, for instance, kept seeking out the natural environment as a source of inspiration post-treatment:

I know a great deal more about nature now, and I do feel like going on hikes to find inspiration. I didn't earlier. Then, I sat in front of the computer ... Now I would rather go out into nature.

Another female participant was able to let go of school-related worries in the friluftsterapi context, and a year later, she intentionally used a number of the same strategies in her daily life. Her 'remedies' entailed time-out from her mobile phone and social media, combined with evening walks, in order to reduce levels of stress and seek out quiet contemplation:

I notice that I need peace and quiet ... from everything ... I like to go for evening walks where everything is completely quiet and nice and I try to leave the mobile phone at home ... I feel like I manage to gather my thoughts and that I can think about other things that are important and that I find very interesting to think about, and not just "what should I do now and where is that homework?" It is wonderful. I feel like I learn a lot about myself when I go on these walks.

Factors that enabled the participants to continue seeking out nature post-treatment appeared to be the experience and knowledge they had acquired from friluftsterapi, supported by specific circumstances, such as close proximity to nature and having someone to accompany them (even a dog, in one instance). Conversely, urban living was mentioned as a barrier in that nature was not easily accessible, and some of the participants found it difficult to initiate time in nature on their own.

Several participants expressed missing the nature-based treatment setting and its impact on their wellbeing, as exemplified by this female participant:

I long to go back to friluftsterapi, and I would like to do it again. I notice that I am very fond of nature really. Here in town, there is not much nature, and I do not get to do anything ... I haven't been outdoors in nature in months ... To me, that is a pretty negative thing ... I like adventures and nature therapy ... I love the fresh air and not having to worry about things in the busy everyday life.

The transfer of nature remedies into adolescents' home environments seemed to support their ability to manage stress and keep calm post-treatment, which could also contribute to emotional regulation, as discussed in the next section.

All shook up or shaking it off: on emotional regulation

Overall, the youth reported to notice positive impacts on their mood and mindset from having participated in friluftsterapi. A number of the adolescents had gained more confidence in terms of regulating own emotions and felt more resilient when faced with potential triggers in their daily lives at twelve months post-treatment. A female participant expressed that:

I notice that I am doing better and that I am happier and try to focus on the positive ... I am much better at not being concerned with problems ... [thinking] that everything will work out and just not getting carried away.

This more carefree attitude towards life was noted by several of the youth and appeared to be the ability to 'shake off' worries rather than becoming caught up in rumination. A male participant remarked that his emotional state was still fluctuating considerably post-treatment, but the aforementioned more carefree attitude combined with the transfer of calming techniques from friluftsterapi had a positive impact on his daily life functioning:

Sometimes, if I am too stressed out, I just sit down and chill for a while, and then I can keep going again ... If someone is being rude to me, I just go, "cool", and don't care. I just smile and walk away.

These simple adjustments had become important everyday tools for this young man as he transitioned from high-school to full-time apprenticeship shortly following friluftsterapi.

While several accounts entailed improvements in the ability to self-regulate, two male youth reported having experienced considerable emotional upheaval following participation in friluftsterapi. At twelve months post-treatment, one of these participants was still struggling to regulate what he referred to as an emotional overload. This participant explained that he had felt emotionally numb ever since the age of five, when his mother abruptly left him and his family. After the conclusion of friluftsterapi, at the age of seventeen, he experienced what seemed to be a sudden rush of emotions. Initially involving sadness and frequent crying, the reactions had moved into a more anxious state over the last few months. Both stages were equally demanding for the tough kid to cope with. For the other participant, the last three years of his life had mainly involved gaming and social isolation. Depression and anxiety gradually took a stronger toll on him, which in the end resulted in the referral to mental health treatment. Although he noticed general improvements in mood following participation in friluftsterapi, another outcome was what he referred to as an emotional 'explosion' after having experienced his first real-life conversation with a girl during the program:

Of course, I am sad every now and then. Not as often as I used to be, but every now and then ... but it passes quickly. I am doing much better. However, I have also felt something that I have never felt before. When you get older you start to have hormones for love, right ... I have gotten a gigantic boost, and it is starting to bother me ... It started at friluftsterapi and after that: boom! It was not small, you know; it exploded.

While these reactions at least temporarily appeared to exceed the two adolescents' abilities to self-regulate, they could of course also be perceived as the initial stage of an emotional emancipation that in time would possibly evolve into a richer affective repertoire. Other outcomes that could serve as stabilizing factors were increased self-insight, which we shall turn to next.

Bodymind insight: stabilizing dynamics

In friluftsterapi, the participants engage in a multi-dimensional process that activates their mind, body and social being concurrently through the nature-based, experiential group intervention. The numerous experiences and challenges throughout the treatment trajectory brought about what we have called bodymind insight. Bodymind refers to the integrated dynamics of the mind and body (see Fernee et al., 2019 for further elaboration), where self-insight in this study refers to the adolescents' increased awareness of and ability to assess their particular vulnerabilities and needs across various situations. For a number of the adolescents this kind of insight was new to them and could serve as a point of reference post-treatment, to where they could develop appropriate ways to protect and also challenge their bodymind functioning. For instance, a female participant who was diagnosed with chronic fatigue had mostly remained in bed before joining the friluftsterapi program. A year later, she had regained her energy and managed to go on little runs. She referred to self-insight as an important premise for her recovery:

I felt that I got to know myself really well while we were hiking, and I sensed afterwards that I knew to a larger extent how much I could take, so I dared to push myself more after that ... I started running and things like that ... I started going on walks first, so it happened gradually, where you go slightly further each time. And then I started to walk faster and then further ... Now I have energy. I didn't use to.

Another participant who struggled with fatigue expressed how she previously would become disappointed and frustrated by her body. However, with the continuous support of the therapist team, she dared to challenge herself to the point of exhaustion during friluftsterapi, to where she gained insight into these so-called bodymind dynamics in a safe environment:

You receive support directly when you need it [in friluftsterapi]. That, I think, is helpful for many. And you find your limits ... Many discovered how far they could go before they could not go any further, and many realized that they push themselves too hard.

Based on such concrete realizations the participants managed to pay closer attention to their needs and to adjust their activity levels accordingly, both physically and psychosocially, in their daily lives post-treatment. Which in some incidences entailed to push themselves less, whereas for others meant to challenge themselves slightly more over the months that followed friluftsterapi. These processes play into the fourth outcome, which is acceptance of oneself and one's situation.

Acceptance of self: a source of confidence and patience

For many, the post-treatment period also appeared to entail a cognitive journey in terms of acknowledging their current life situation and realizing that there is most likely no quick fix for their struggles in life. This process seemed to involve self-acceptance on many levels, which appeared to have both a calming and self-assuring effect on the adolescents. A female participant explained how self-acceptance, coupled with the aforementioned insight, could be important prerequisites for change, stating that 'I have come to realize that I cannot handle as much as other adolescents do ... I really just have to accept that in order to get better'. Such realizations were generally perceived to be comforting, where increased self-acceptance for instance, seemed to enable some of the participants to feel more at ease in social settings and determined to be themselves. Here expressed by another female participant:

I can accept that it takes time to be part of a group or converse or just be fine ... I could feel stressed out when things did not go my way or how I had planned. I could have panic attacks and things like that, but now I feel like I can relax a bit more ... I still have a poor self-image in terms of the way I look, but my self-esteem has improved. I like my personality much more. I am not afraid to be myself ... I believe that it is not only due to friluftsterapi, because I have worked on changing my thinking ... Some of it I managed on my own, and some things friluftsterapi helped me do.

Her account exemplifies the combined efforts that occurred in many instances, when processes that begun in the friluftsterapi context were transferred and further developed by the adolescents post-treatment. Such long-term outcomes were perceived to be particularly powerful as the youth made the first steps whilst in treatment and then continued their individual paths towards recovery by making the next steps themselves over the year that followed. While the previous participant did not notice improvements in body image specifically, another female participant seemed to accept herself more fully, which she ascribed to the inclusion she experienced as part of the friluftsterapi group:

I did not think that anyone would like me and then I got quite a lot of friends there [in friluftsterapi] and it went fairly well. So during the summer, I felt so motivated! I managed to wear a short top for the first time ever ... I now dare not to think about my body all the time. You should be proud of it instead, no matter what it looks like.

The increase in acceptance not only seemed to be liberating and a source of confidence, as in the example above, but also appeared to provide patience and increased optimism about the future for a number of the youth. A male participant summarized his paced process towards recovery as follows:

I have started to go outdoors again. I went for a walk around the neighborhood for the first time in five years. Once. Not more. I take one step forward and half a step back ... It is a start at least ... Here is the thing: I am doing better. Of course, the anxiety will go away. It will get better; the question is only when? Will it take five years? Will it take ten years, twenty years? One does not know. It will get better; it just takes time. One must have patience ... Every day I acquire slightly more information regarding what I can do to help myself ... It takes time, but things will improve. It will.

Although acceptance in many instances seemed to facilitate change processes, there were also barriers to subjecting oneself to change. In some incidences, such reservations could stem from a fear that change would be a potential threat to one's identity and hence entail losing a sense of uniqueness. Other restricting factors could be the incidences where participants identified themselves as mentally ill—or considered their condition to be chronic—to where improvement beyond stabilization was thought to be unlikely. Such hindrances to recovery play into the inherent structures in the use of diagnoses, here exemplified by a female participant:

I know that I probably will never become well again. However, I do try to recover. Therefore, I do it my way and at my own pace and that is very slowly ... Because depression and anxiety are present anyhow ... I have been given a chronic diagnosis, so I have it for life regardless ... For me, it is unrealistic to think that I will recover. I can say that I can become stable, that I can. And I have become more stable.

Overall, the various forms of acceptance appeared to be a fundamental outcome that also seemed to influence other areas, particularly by potentially supporting the transitioning from isolation to increased socialization in the daily lives of the participants post-treatment.

Isolation to socialization: crossing that 'mountain'

Participation in friluftsterapi was the concrete pathway from long-term partial or complete isolation to rather intense socialization for a number of the adolescents. Although many of them experienced this transition as drastic and demanding, the effects were potentially substantial and lasting. A female participant reflected on when she first joined friluftsterapi and the post-treatment period:

That is when I dared to get out of bed because before that, I was lying down most of the days ... When friluftsterapi was over, I almost became a bit restless some days. So then I started getting up on my own, even though I did not have any plans that day. Perhaps going into town or just going for a walk ... and taking initiative to spend more time with my friends ... like I said, just getting up and trying to do something every day.

Another female participant, who gradually overcame fatigue and isolation throughout the friluftsterapi intervention, perceived the initial post-treatment period as a state of limbo. Whenever she felt tired and overwhelmed from socializing, she became afraid that the fatigue was reappearing. However, along with the three other participants who had dropped out of school prior to

friluftsterapi, she managed to return to school post-treatment. The four all noted that returning to school that same year would not have been possible had they not participated in friluftsterapi. While admitting that they found it hard to remain in school, they all expressed determination to complete their schooling.

Other participants who were reluctant to socialize had gained valuable experiences in friluftsterapi. A female adolescent explained that her perception of peers became altered because of the positive interaction with the group, which supported her social interaction post-treatment:

It [the friluftsterapi experience] has made me realize that adolescents can be nice ... I thought that everyone was mean. Mostly because every single time I was approached at school, it was just because someone wanted to bully me ... They [the participants in friluftsterapi] talked more, they did not tease me and things like that ... It has helped me to make new friends ... That is my best friend. She accepted my friend request. She was alone too.

Overall, several youth reported increased confidence and social interaction post-treatment. A male participant noticed what he referred to as a boost of courage following friluftsterapi. He had however preferred for the intervention to have a longer duration in order to benefit even more. A year later, he compared his battles with social anxiety to a 'mountain' that he was still climbing:

It [participation in friluftsterapi] has given me more courage to do different things ... The only problem is that I haven't gotten enough of it. I need a bit more courage to cross that mountain, but it has given me a very good boost ... So I have started to say hi, say good morning, and talk to them [his schoolmates]. I have more contact with them, about five to six times more than before ... Whenever they invite me, I have gone from saying "no, I don't want to" to saying "yes, I can".

This is another concrete example of the progress a number of the participants had made in their daily lives a year later. These various initiatives and proactive steps on their path towards recovery also play into the final outcome, where several of the youth over time appeared to be (re)establishing agency in their lives in a number of ways.

(Re)establishing agency: becoming one's own person

The multitude of experiences and accomplishments acquired throughout the friluftsterapi program in a number of cases seemed to manifest as increased independence post-treatment. For instance, a female participant previously believed that she was incapable of managing on her own and that she was dependent on various external factors. A year later, her sense of safety appeared to have become internalized to a larger extent:

I have learned that I do not need and am not dependent on all the things that surround me ... I thought I was dependent on the mobile phone ... on having a secure base like home that I could just go to ... I didn't think that I was able to get to know new people ... I have learned so much now. I have been discharged and now I manage to take care of myself.

This increased sense of capability is directly related to agency and the adolescents' ability to manage on their own. Half of the participants were discharged directly after friluftsterapi, while five wished to continue on to individual outpatient treatment in the same department. Around the time of the follow-up interviews, four of these were still in treatment, another participant had been discharged, while one participant had been readmitted to mental health care. Regardless of whether the participants were still in treatment or not, their accounts include stories of increased agency and independence over the past year.

To mention a few examples, a female participant had conquered her severe anxieties and travelled alone by train to a large youth gathering in another region. Almost in disbelief about her own accomplishment, she proclaimed that 'I was there and slept among one thousand people, and I have social anxiety!' Two participants had travelled abroad for the first time on their own. Another female participant, who struggled with social anxiety, had not only managed to return to school post-treatment,

but she was also volunteering at a welcome center for refugee children on a weekly basis. Her goal in life was no longer limited to survival as the bare minimum, but now also included future aspirations:

There [at the refugee center], I hardly notice any anxiety. It has only happened a few times that I notice a little, but it feels just great to be there. It is fantastic ... I really would like to travel and perhaps work in orphanages around the world. Those are very big ambitions, but that is in a way my great dream [laughs].

As with most of the accounts, this particular participant's narrative was not a story that was free from struggles. Indeed, these new stories and 'fragments of dreams' in many instances seemed fragile and could easily be 'shattered' by setbacks and intrusive memories, referring back to the opening quote. Still, they represent stories of great resilience and strength, in which despite vulnerabilities and adversities the self seems to emerge. The final excerpt, from the same participant as above, points to such underlying processes of (re)connecting with one's own person—or self:

In a sense, I feel like an entirely new person. Not necessarily that I am doing all that much better, but I have changed a lot in a year ... I am still very reserved, like I was then [at the time of friluftsterapi], but I am more my own person ... I voice my own opinions more. I am my own person.

The emerging stories—or perceived outcomes—appeared to not only entail a movement towards acceptance and insight, but also involve what we have called 'becoming one's own person'. Moving into the discussion, we will address such deeper processes involving the self in wilderness therapy and ultimately encourage further in-depth explorations of the self-construct both theoretically and empirically as a future line of enquiry.

Discussion

This follow-up study of long-term perceived outcomes from participation in friluftsterapi, resulted in the description of six processes that were still ongoing and fluctuating at twelve months post-treatment. These processes were multi-faceted in terms of comprising new perspectives and strategies, along with improvements in mood and emotional regulation. Perceived outcomes also entailed insights into, and acceptance of, oneself and one's situation, which seemed to support the participants to transition from isolation and dysfunction towards increased socialization and to exert greater agency in their daily lives. As much as these accounts were collective in the sense that they derived from the group intervention, each youth had his or her unique story to share. Across or beneath these stories, we propose that friluftsterapi appeared to facilitate the time and space for the adolescents to reconnect with themselves, their bodies, thoughts and emotions. A year later, most adolescents had continued this exploration of self in various ways and made progress towards becoming the person they had the potential to be. In this brief discussion, we will be unpacking such 'stories' or conceptualizations of self found in parts of the wilderness therapy literature, where the intention primarily is to corroborate the findings from this follow-up study. However, we have also come to realize the potential for more in-depth exploration of the self in nature-based therapeutic work generally, along with the need for conceptual work in order to arrive at a theoretical framework that is better aligned with the complexity and depth of the wilderness therapy process and its possible long-term outcomes.

Stories of self in wilderness therapy

In the wilderness therapy literature, the self is not a new concept and the self-construct was central to the first concurrent framework of the treatment process—the 'wilderness therapy treatment milieu model'—put forth by Russell and Farnum (2004). This model comprised three therapeutic factors: the wilderness, the physical self, and the social self. The first factor, the wilderness, was proposed to serve as a: 'therapeutic medium to foster an enhanced image of self' (p. 41), whereas completion of challenges was associated with 'benefits for various aspects of self-concept, such as self-esteem, self-efficacy, and locus of control' (p. 44). Although further elaborations of the self-

concept were limited in this first model, the self-construct was maintained in the proposed extension of the framework, called the 'wilderness therapy clinical model' (Ferneer, Gabrielsen, Andersen & Mesel, 2017). The three therapeutic factors were continued; however included an alteration of the third factor into the psychosocial self. The self-concept per se was not further developed in this second version of the model and the framework therefore arguably remains incomplete to date.

Findings across a number of exploratory wilderness therapy studies entail reported benefits on the self-concept (e.g., Russell & Phillips-Miller, 2002; Caulkins, White & Russell, 2006; Norton, 2010; Norton, Wisner, Krugh & Penn, 2014). These primary studies have yet to be systematically investigated and synthesized. A complete review is beyond the scope of this article, however, and we therefore limit ourselves to include two recent studies here.

Beginning in Europe, Conlon, Wilson, Gaffney & Stoker (2018) applied grounded theory in their exploration of change from the perspective of the adolescent participants in an Irish wilderness therapy program. Eleven youth between twelve to eighteen years of age were interviewed, of them ten males and one female. Important factors were found to be a supportive environment where the youth had choice and control, in addition to feeling heard, valued and cared for. This allowed the adolescents to show their true selves in the wilderness therapy context and to develop new, positive set of beliefs regarding themselves and their situation. One participant stated that wilderness therapy helped to 'put myself back together' (Conlon et al., 2018, p. 361), while other outcomes included a reduction in negative cognitions, the ability to manage anger more effectively in their everyday lives, along with an increase in both energy and motivation to make life changes. Finally, in addition to learning new things about themselves and their capabilities, the participants also noticed: 'a growing sense of confidence in their own resources to handle life and distress' (p. 363). Conlon and colleagues proposed that change in wilderness therapy programs may arise from a psychosocial process they termed self-expansion. When activated amongst the leaders and the participants, self-expansion is the integration of shared strengths and resources into one's own self-concept. Self-expansion is again suggested to support the emergence of self-efficacy and a more stable sense of self-

worth. A number of these reported outcomes resemble the findings of the present study, for instance, the increased ability to manage distress and to self-regulate. Learning new things about themselves and developing greater confidence are similar to the self-insight, awareness and increased independence found in this follow-up study. The renewed motivation and energy to make life changes may overlap with the (re)establishing of agency, while showing their true selves and be 'put back together' can be compared to becoming one's own person and having the courage to be oneself in social settings post-treatment. Finally, the process of self-expansion could be explored through future conceptual work regarding a self-theory for wilderness therapy.

An exploratory, phenomenological study from Australia, by McIver, Senior & Francis (2018), investigated causal factors and narrative outcomes from a wilderness/bush therapy program. Nineteen young adult participants, of these eleven females and eight males between eighteen to twenty-five years of age, were interviewed, along with ten staff members and a volunteer. Also in this study, the importance of a novel, yet safe and supportive, environment was emphasized, where the participants seemed to engage in a process of discovery and re-discovering of identity described as 'something they do deep inside' (p. 6). Taking on challenges seemed to permit the participants to re-invent themselves, where time spent in nature allowed them to gain a more holistic perspective of who they were and what they could achieve. The authors also noted an unfolding mind-body connection, where the main moderator was proposed to be an increased self-awareness and recognition of needs. These insights were referred to as a form of self-reflexivity that enabled the youth to view themselves and others in new and unfiltered ways. Such perceptual shifts were suggested to be a unique feature of wilderness therapy, which according to McIver et al. (2018, p. 10, emphasis added) could transcend preconceived notions and self-imposed labels:

This ability to view self and others with unclouded perceptions led to being able to *go beyond one's own story*... a by-product of this phenomenon was a deeper understanding of oneself independent of previous (often limiting) beliefs.

Compared to the present study from a Norwegian context, the Australian study similarly found underlying self-processes related to re-inventing and re-discovering one's self and one's potential. Interestingly, McIver, Senior and Francis also described mind-body connections, which seemed to be moderated by insights, awareness, and reflexivity that again allowed the participants to go beyond their own story and hence opening up for new narratives to emerge. Stories that might still be fragile, yet independent of previous limiting beliefs.

Finally, now focusing on the larger context of wilderness therapy, what may be the way forward in order to move beyond present, possibly limiting self-understandings? We will draw on a third article in this last section, before addressing limitations, implications and at last reaching concluding remarks.

Moving beyond a narrow understanding of self in wilderness therapy

A recent theoretical article by Harper, Gabrielsen & Carpenter (2018) set out to investigate the concept of wilderness from a cross-cultural perspective that represented Canada, Norway, and Australia. Drawing on deep ecology (Næss, 1987), the authors promoted a reconsideration of an ecological self-understanding, which moves beyond narrow definitions of the self as an entity that is separated from others and of a more-than-human nature. The authors emphasize how wilderness therapy provides opportunities for growth that is less likely to be restricted by the many distractions and structures present in our contemporary modern lives. As a group treatment that takes place in a novel wilderness environment, it has the potential to facilitate a different kind of connectedness to self, others, and nature. As such offering a rather unique treatment context for engaging in 'deeper experiences and reflection across developmental domains; exploring our physical, emotional, cognitive and spiritual "wild" selves' (Harper et al., 2018, p. 150). We courageously propose that our current self-understanding is still dependent on limiting beliefs and that in order to comprehend the complexity and depth inherent to this multi-faceted treatment process, future enquiries should be supported by a more precise theorizing and an integrative self-understanding.

Limitations and implications

The findings and reflections presented in this article should be considered tentative and read with the following limitations in mind. First, according to a critical realist perspective, our knowledge—or stories—of the world are incomplete, partial, and fallible; thus, there should always be room for revision (Maxwell, 2012). Second, this qualitative study included participants from two clinical groups within a single wilderness therapy program located in southern Norway. The findings are context-dependent and not necessarily transferable to other treatment settings. Furthermore, in this exploration of long-term outcomes, the participants were asked to think back upon the friluftsterapi treatment process and in particular the post-treatment period. Epistemologically, this poses limitations in terms of memory and the inherently layered interpretations that occur when reflecting on an experience in retrospect. Another potential limitation is that the first and the second authors are employees at Sørlandet hospital. Together with colleagues, they have developed the friluftsterapi program and been involved in all stages of the clinical research project. While the second author was part of the therapist team in one of the included clinical groups, the first author adhered to a strict researcher role at all stages of this study. The risk of researcher bias obviously elevated in this study, two additional measures were applied in order to mitigate allegiance effects. First, the inclusion of two University-based co-authors from related fields represented an outsider perspective, both to wilderness therapy generally and to the clinical research project more specifically. Second, the

method of critical realism specifically seeks to describe the 'whole' story and as such equally explore stories of success and failure through the four analytic stages.

Implications include an in-depth investigation of perceived long-term outcomes of friluftsterapi, which contributes to the international literature by exploring an adapted version of wilderness therapy that has been implemented in the adolescent mental health services in the Nordic region. Clinical implications include support for a potential need for wilderness therapy-specific aftercare, as some of the participants missed the time spent in friluftsterapi and found it difficult to seek out nature on their own. The epistemological conceptualization of outcomes as emergent stories supports a narrative approach to therapeutic work, thus the findings and the discussion presented above can be applied and further explored clinically. Finally, the discussion centered on the proposed potential for wilderness therapy to facilitate a deep (re)connection with one's self. However, this cautious proposition could clearly benefit from further empirical and theoretical inquiry in order to arrive at a more comprehensive and nuanced understanding of self-processes in wilderness therapy practice.

Concluding remarks

A year later, a number of the adolescents had made progress in various ways following their participation in the group treatment. Some had managed to transfer and proactively adapt the strategies they had learned in the friluftsterapi context to their home environments. Many of the participants transitioned from isolation to increased socialization, and all of the adolescents who had dropped out of school returned to school the following year. Although various struggles in life were still considerable for several of the youth post-treatment, most participants seemed to exert greater independence and agency in their lives. These abilities seemed to be conditioned by a fundamental acceptance of self and their situation that in many instances was supported by bodymind insights. Furthermore, various self-processes may possibly share resemblance across different interventions and treatment contexts, where shifts in self-perception supported by time spent in nature, mind-body connections, and a supportive psychosocial process might make up the core of wilderness therapy. We therefore encourage further explorations of the self-concept through both empirical and theoretical enquiries, supported by a more comprehensive self-understanding. Future work should include a revision of the wilderness therapy clinical model founded on a more thorough consideration of the various dimensions of the self that integrates ecological, embodied, relational, and perhaps spiritual dimensions. Just as the participants' interaction with nature and each other have the potential to generate empowering stories of self, alternative stories may continue to unfold both within the field of wilderness therapy specifically and the adolescent mental health services in general, as such ecobiopsychosocial therapeutic processes are further explored. Finally, we hope that these new stories may emerge independent of previous and possibly limiting beliefs.

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