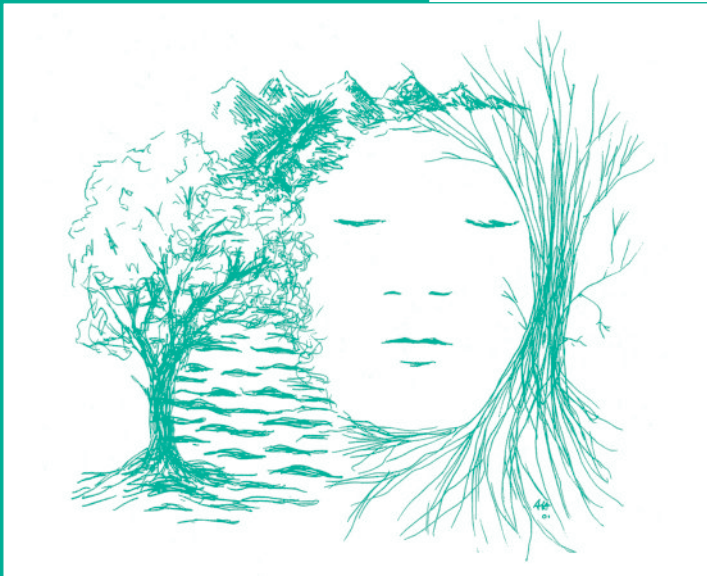


Therapy Within Adventure

edited by Kaye Richards
with Barbara Smith



Hochschulschriften

Therapy within Adventure

Proceedings of the Second International Adventure Therapy Conference

*Edited by Kaye Richards
with Barbara Smith*



ZIEL – Zentrum für interdisziplinäres erfahrungsorientiertes Lernen GmbH
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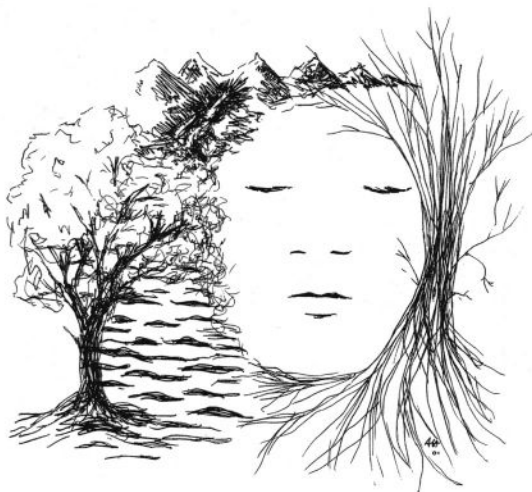
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Dedicated to (the late) Kate our friend and colleague

Therapy within Adventure



Dedicated to the late Kate
'our friend & colleague'

Proceedings of the Second International Adventure Therapy Conference University of Augsburg, 2000

edited by
Kaye Richards
with
Barbara Smith

About the Editors

Kaye Richards is Research Leader at Brathay Hall, an outdoor development-training centre in the UK Lake District. She is co-editor of the Journal of Adventure Education and Outdoor Learning and has been supporting the development of adventure therapy practice in the UK, in conjunction with completing a PhD in adventure therapy and "eating disorders" at Liverpool John Moores University. Her previous work has ranged from training outdoor educators and sport psychologists, to working with women with eating disorders and disaffected young people in the outdoors. Kaye currently lectures post-graduate students in Development Training and continues to pursue her interest in psycho-spiritual psychotherapy. She brings a critical perspective to her work and research in the outdoors.

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Acknowledgements and Introduction

It is with pleasure that we introduce 'Therapy within Adventure', Proceedings of the Second International Adventure Therapy Conference, held at the University of Augsburg, Germany, 20-24 March 2000. The conference was hosted by Michael Rehm, in co-operation with Zentrum für Interdisziplinäres Erfahrungsorientiertes Lernen (ZIEL), Association for Experiential Education Therapeutic Adventure Professional Group (AEE TAPG), the European Institute for Outdoor Adventure Education and Experiential Learning (EIOAEEL), Gesellschaft für innovative Bildungsplanung und -förderung (GBI), Gesellschaft zur Förderung der Erlebnispädagogik (GFE), and Outward Bound Deutschland. The international adventure therapy community acknowledges Michael Rehm for his dedication in the planning and hosting of the conference, along with the members of the conference planning committee; the staff and students of the University of Augsburg; the keynote speakers, workshop presenters and conference delegates; and the editorial review board for these proceedings. Also thanks to Larissa Robson, Jan Owen and Ann Thomas with their support with the final setting of the proceedings.

Having achieved the First International Adventure Therapy Conference Exploring the Boundaries of International Perspectives, 1997, Perth, Western Australia the Second International Adventure Therapy Conference sought to examine more fully the therapeutic potential of adventure. Prior to the second conference Martin Ringer provided a brief description of adventure therapy (see adventure therapy description this volume 19). This helped to give an initial focal point of the main principles of an adventure therapy approach that the conference aimed to debate. However, as Martin Ringer identified, "a considerable diversity of opinion exists among practitioners as to the nature of adventure therapy".

A variety of international perspectives of adventure therapy are presented here. However, it is important to remind readers that these proceedings are not necessarily representative of all international approaches and definitions. The Third International

Adventure Therapy Conference 2003, 'Ethical and Quality Practice in Adventure Therapy: Defining Commonality while Honouring Diversity', to be hosted on Vancouver Island, Canada (see www.3IATC.com), will promote the importance of continuing to bring together diverse cultural perspectives and practices, and keeping fluid an emergent international identity. The International Adventure Therapy Working Party (see announcement this volume) will also report at this conference.

The editorial for these proceedings uses the theme of dance and music, inspired by Urrs Burek's keynote on 'Dance and Ritual' enjoyed for its creative depth. The editorial will consider how these conferences have served to develop an international agenda for adventure therapy. The conference papers chart new insights into the historical, philosophical, theoretical, and practical realms of adventure therapy. It is hoped that as a collective, they not only capture some of the themes of the conference, but also encourage theory and practice to continue to be openly developed and debated, with the ongoing goal of widening and enhancing adventure therapy practices across the world.

Kaye Richards and Barbara Smith



Editorial

Adventure and Therapy 'Dancing in the Moonlight'

Kaye Richards & Barbara Smith

Strangers in the Night

Frank Sinatra

Prior to the First International Adventure Therapy Conference

Do you believe in synchronicity? Did Kurt Hahn - on his outward-bound adventure - and Sigmund Freud - on his inward-bound adventure meet? If they had what would Hahn, the adventurer, and Freud, the psychotherapist, have talked about.

Hahn: "Sigmund, I have been working with some young soldiers helping them to develop a will to live."

Freud: "Are they in love with their mothers?"

Hahn: "I'm not sure."

Freud: "When were they potty trained?"

Hahn: "I'm not sure about that either, but I've been doing some outward-bound work with them."

Freud: "So, you are telling me that you dangle your clients from the edge of a cliff by a rope and hope that they will get well?"

Hahn: "Yes."

Freud: "I will arrange for your immediate admission to the asylum."

How does this fantasy dialogue between Hahn and Freud help us to understand how we integrate 'therapy within adventure'? What could we hope for as their conversation unfolds? How can the international thinking presented here help us to consider a vision for future conversations between them?

Shall We Dance?

Deborah Kerr

The First International Adventure Therapy Conference

Before international perspectives of adventure and therapy met in a crowded conference hall in Perth, Australia, many had crossed each other's path numerous times before. Exchanging glances of curiosity, it was clear that adventure and therapy had a history of attraction. This is reflected in the wider literature that charts historical developments in this relationship (see Davis-Berman & Berman, 1994). On meeting at the first conference, adventure invited therapy to dance, starting an exploration of the international boundaries and perspectives of adventure therapy. This was an open celebration of the development of adventure therapy practice and a commitment to an ongoing relationship. As their mutual interest now became more intense there were moments when they stumbled in their movement together, felt anxious about who should take the lead, and experienced increased feelings of awkwardness. The ways in which they dealt with these moments of difficulty would impact upon their continuing partnership. As suggested by Martin Ringer (1998:5), "the future of the field may in part lie in how we deal with the anxiety we feel when other adventure therapists have ideas that clash with ours". As they took the dance floor Jenny Bunce (1998:54) was also heard to ask the important question of whether adventure therapists could, "reach out across the gaps and through the barriers of culture and professional background to identify the values we hold in common and yet appreciate our diverse skills and tradition?"

It was a difficult time after the first conference as the relationship between adventure and therapy began to express fears of abandonment, fears of engulfment, and fears of rejection. As expressed by Chris Loynes (1997:10), "adventure practitioners and researchers need to explore their own sense of the therapy within adventure. Right now they are in danger of being swamped by the bodies of expert therapy knowledge competing over the territory". It was clear that a healthy relationship would require each field - adventure and therapy - to retain their own identity and separateness, whilst seeking to develop a secure attachment to each other.

Dancing in the Moonlight

Toploader

The Second International Adventure Therapy Conference

Where do I go for therapy? The beauty therapist, the aromatherapist, or 'Harvey Nichols' for retail therapy? What about the psychotherapist? Which therapist do I choose? The psychoanalytic therapist, the gestalt therapist, or the transactional

analyst? So what is adventure therapy? Is it adventurers wishing to employ therapy or is it therapists wanting to utilize adventure? Who defines the therapeutic value of any activity? Is the emphasis on the adventure experience? Or is the emphasis on the therapeutic relationship?

In Augsburg the music and mood of the international dance floor had shifted. It was decided that insights into the therapeutic perspectives and processes emergent in adventure therapy required more detailed attention. Thus, the conference sought to examine the 'therapy within adventure'. Many of the debates raised at the first conference continued to be under discussion. For example, at what point does adventure become 'therapeutic', and what are our definitions of therapeutic? How do the histories and cultures of different professions and geographical locations impact on the processes and outcomes of our work? What are the core competencies and structures for professionalism?

To improve the precision of their dance routine, adventure and therapy now needed to move forward with increased confidence, feel safer in their relationship together, and give caring attention to understanding each other's identities and histories. Lee Gillis and Simon Priest presented an interactive keynote to chart the historical events that have had "significant impact on the growth and acceptance of adventure programming and psychotherapy". They argued that without contributing to a collaborative account of history, adventure therapy "risks having no knowledge of where we've come from nor where we're going - we end up lost". In the task of refining their choreography, therapy asked how could psychotherapeutic practices be central to the adventure experience, and adventure asked what was unique about its identity that created a therapeutic process?

From Both Sides Now

Judy Collins

Psychotherapy Meets the Outdoors

When we enter 'therapy' we enter (at least on a conscious level) with the expectations of some kind of 'improvement' in our lives, our relationships, our feelings, or behaviours. Colin Feltham (1995) identifies how psychotherapy addresses the deep and unconscious, long-standing personality problems and behaviour patterns of clients. It is a conscious decision to enter into a therapeutic relationship with another person. Imagine for instance, you went for therapy, going along once (or sometimes twice) a week to see your therapist, and then on the 8th week someone else was sitting in the chair saying "I'm your therapist for today". The view here is that the relationship is the therapy. Thus, in examining therapeutic processes the ways in which this relation-

ship is developed, maintained and experienced becomes the key to successful therapy. However, as suggested by Lee Gillis (1998:19) "writings on models of therapy that fit adventure are one of the weakest areas available to our field at the moment". So in embracing the 'therapy within adventure', adventure therapy considered the ways in which practice could integrate psychotherapeutic practices that serve to create the psychological depth and safety in which a client can explore more fully with a therapist that which is causing distress.

Psychotherapy perspectives were in part examined separate to those of adventure. Claudio Neri gave a keynote on psychoanalytical group psychotherapy, sharing key points of what to observe in a group when working from such a perspective. These components included individuals, inter-personal relationships, interactions between individuals and a central object, and trans-personal phenomena. Rüdiger Gilsdorf then offered a link between therapy and adventure, stating that "in developing guidelines for an adventure therapy approach it appears more than appropriate to look for parallels and common ground between the concepts that have developed in the adventure field and those of different therapeutic approaches". He discussed "several therapeutic approaches that operate from a constructivist perspective" and considered these in "the context of constituting what could be called an 'experiential adventure therapy', as opposed to a more control orientated practice".

What's Going On?

Marvin Gaye

Examining the Research Process

From a research perspective it became clear that adventure therapy needed to critically consider its future research agendas and approaches. Both Rüdiger Gilsdorf and Johan Hovelynck expressed a growing concern of the risk of an overemphasis on asking questions of effectiveness and outcomes, as these will not only keep hidden the processes at work in adventure therapy, but also limit future theoretical developments. Rüdiger Gilsdorf recommended that adventure therapy needed to consider research based upon the aim of improving practice, and recognised the difficulties that researchers in adventure therapy may face in developing such work. "Non-evaluative, self-reflective research, research that goes beyond so called objective numbers and figures, thus to play with a quote from Albert Einstein, rather seems to be more 'a question of courage than of intelligence' ". Johan Hovelynck suggested that "the contribution of research to experiential modes of facilitation will require a focus on programmatic issues and program theory, an acknowledgement of idiosyncrasy, and a recognition of research intervention". In complimenting these philosophical debates, Mary-Faeth Chenery shared an account of the research methods and results of a collaborative research venture between an Australian wilderness therapy project working with young people with

substance abuse issues, and a university based researcher. This case study provided a useful example of how research was an integral part of the ongoing development of a wilderness therapy programme.

Poetry in Motion

Tillosen

Understanding and Enhancing the Therapeutic Potential of Outdoor Adventure

In considering the application of therapeutic approaches to outdoor activities and the benefits associated with adventure therapy, Christian Itin considered how the 'double diamond' model of Ericksonian psychotherapy could be linked to adventure therapy. He illustrated how this integration "provides a clear method for linking the philosophy of experiential education to the practice of strategies-based adventure therapy". Luk Peeters examined the facilitation of emotional changes as a result of participation in outdoor activities. He stressed the "importance of the processing in action" and identified how "poorly led activities include the risk that a participant repeats earlier trauma and consequently strengthens old patterned, unhealthy coping mechanisms". Martin Ringer gave an account of enhancing group effectiveness. He identified how "the existence of a reflective space in the group, facilitates the groups' effectiveness functioning, and hence the likelihood that group members will achieve therapeutic outcomes through participation in adventure therapy programmes". Bryan McCormick, Alison Voight and Alan Ewert, in their examination of "therapeutic outdoor programmes" reminded us of the value of examining a range of therapeutic benefits associated with participation in outdoor adventure activities, including psychological, sociological and physiological benefits. In their examination of the interface between social psychology and therapeutic interventions they discussed social cognitive theory in the context of therapeutic outdoor programmes. Christian Itin then proposed critical differences between therapeutic adventure and adventure therapy. He suggested that, it is not just the joining of 'adventure to therapy' or 'therapy to adventure' that creates adventure therapy. In order to create a unique adventure therapy process, he argued for a more clearly defined process for the integration of adventure and therapy.

I'll Be Your Mirror

Nico (with the Velvet Underground)

Adventure Therapy and the Client

A wide range of debates of adventure therapy addressing psychological difficulties and distress of specific client groups were examined. Anita Pryor provided an insight

into work with adolescents who misuse alcohol and drugs. She mapped out aspects of the therapeutic wilderness journeys undertaken in Australia that facilitate change. This accounted for the development of a therapeutic relationship with "place" and "healthy adventure". Scott Bendoroff described a US based adventure therapy family programme. He argued that, "many of the problems encountered by the structural family therapist, as identified by Minuchin (1974), can be alleviated in adventure family therapy". In contrast, Stefan Eisenbeis explained how outdoor adventure had been used in the development of experience based therapy programmes in a child and adolescent psychiatric hospital in Germany. He documented individual case studies, helping to unravel the different meanings that adventure therapy can have for a variety of individual needs. For example, disturbed social behaviour, narcissistic personality disorder and drug abuse. Scott Kilby and Patrick Tidmarsh described the development of an adventure therapy programme in Australia for young men who had sexually offended. They described how the programme had enabled participants to develop an "ability to take greater responsibility for their own therapeutic needs at both a feeling and a belief level". Ray Handley described how he had applied a stage-based model of change to a wilderness programme. He identified six different stages of change, and considered these in the context to attitudes associated with adolescents who display severe behaviour problems. In conclusion, he argued that "adventure therapy must move away from the language of mechanistic learning and be ready to adopt the language of learning perception intrinsic to a natural education based on tension and intuition".

Every Breath You Take

Sting

Natural and Cultural Perspectives to Healing Outdoors

As an array of therapeutic issues were examined Almut Beringer reminded us of how easy it is to forget a core component of our work. Her study of the healing effects of nature, specifically for people who had experienced a physical disability after a spinal cord injury, acknowledged how an over emphasis on the outdoor activity can inhibit the ways in which nature can impact upon the healing process. She identified that "what is needed is an increased understanding and appreciation of the contribution that nature and the outdoors make to adventure therapy, and the gifts natural environments have to offer for human healing and well being". Paul Stolz also directed us to the need for a more detailed analysis of the ways in which the cultural, social and political life of the Western world has impacted upon how we interact and construct meanings in a day-to-day existence. He identified that by completing a postmodernist analysis of the wilderness experience, the wilderness therapist can become more aware of the ways in which they risk encouraging a "serious cultural and ethical clash" with clients.

Take Good Care of Yourself

The Three Degrees

What about the Adventure Therapist?

Using the Australian bush fire as a healing metaphor for burnout, Tonia Gray and Carol Birrell supported the call for the professional supervision of the adventure therapist. They argued that "therapist supervision and the individual therapy of the therapist, are essential ingredients to ensure sustainability and longevity in the field". Further, they posed the question "who is protecting the protectors?" In enhancing the therapeutic potential of adventure it also became clear how the training of adventure therapists would require the trainee to engage in ongoing personal therapy, exposing them to the subtle, unconscious layers of conflicts and defences they inevitably have. Martin Ringer suggested that "by developing self-awareness [of the adventure therapist] we are more likely to accurately meet the needs of our clients without sacrificing ourselves in the process or impacting negatively upon our clients". He highlighted how supervision for adventure therapists would be an essential part of the enhancement of this self-awareness. Issues of professionalism were again clearly on the international adventure therapy agenda.

Two Tribes

Frankie Goes to Hollywood

Similar, but Different Professional Identities

The final tune being danced to in the closing ceremony was reminiscent of "two tribes". Martin Ringer asked whether there might have been something sitting in the unconscious of the conference that we did not have access to at the time. He explored the theme of 'tribalism' to identify if there seemed to be different tribes present at the conference, and suggested that "there had been tribes who believed adventure, when facilitated well, provided therapy as a right. There were other tribes that believed that adventure provided a useful medium in which therapists could conduct therapy. And there were further subdivisions that existed between the 'narrative tribe', 'gestalt tribe', the 'psychoanalytic tribe', and so on". In taking more time to consider the construction of possible tribal identities as adventure therapists, individually we can reflect upon our own thoughts, feelings and interpretations of the thinking debated here. As Martin Ringer comments:

As you read the proceedings you will be offered some new and different ideas. To some of them you will open your arms to take them in. They will probably be the ones that fit well with what you already believe in, but at some time during your reading you will be faced with an idea that you find shocking. Something in

your gut will say 'NO'. In your mind, you will hold out your hands, palms facing outward, and push the idea away. There will be good reason for pushing the idea away. My guess is that if you adopt it and start enacting it, it will create discordance in your practice, and also it will make you a misfit in your most significant professional 'reference group' (Holland, 1977). As you read, pay close attention to the points at which you welcome the ideas being presented. When you do welcome an idea check to see if it is one that will make your tribal identity more comfortable. When you feel yourself pushing away an idea, check to see if it is one that, if adopted, would make your existing tribal identity more difficult.

In examining our tribal associations it is more likely that as a collective of adventure therapists we will be able to 'define commonality while honouring diversity', and within this process enhance ethical and quality practices across the world (see 3IATC announcement). As the conference came to a close it had, therefore, encouraged us to critically consider a relationship between a personal identity, professional identity, and an international identity of adventure therapy.

Knowing Me, Knowing You

Abba

Adventure and Therapy in Relationship

As adventure and therapy had taken the steps to furthering the cause of a clear identity for adventure therapy, let us again consider the fantasy dialogue between Hahn and Freud. Do we now have more clarity as to what an international vision for their conversation, and, hence, future growth of adventure therapy could be? If they met again, having evaluated the perspectives presented here, what tone could their conversation now take?

Hahn: "You look pensive Sigmund, what are you thinking?"

Freud: "I am free-associating."

Hahn: "Penis Envy?"

Freud: "No, I was reflecting on my peak experience on the summit and wondering how it could help me out of the wilderness of my conflict with my father."

Hahn: "Would you care for some interpretation?"

Freud: "No thanks, the mountains spoke for themselves."

Hahn: "Really, what did they say?"

Freud: "They advised me against seeking a way out of the wilderness, but to go into the wilderness where I will find a space where my heart can heal and my soul can be set free."

Hahn: "I think I know that place."

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Adventure Therapy: A Description

Martin Ringer

Adventure therapy is a relatively new field of endeavor that originated activities involving the combination of physically and psychologically demanding outdoor activities and/or a remote natural setting. Additionally, adventure therapy has utilized principles of experiential learning in group settings, and has developed in diverse ways from a range of therapeutic traditions derived from counseling, psychology, sociology, and education. More recently, some streams of adventure therapy have adapted to the urban environment and include human-made challenges and indoor activities - whilst remaining true to the experiential origins of the field (Ringer, 1996). Gillis and Thomssen (1996:10) offered a broad definition of adventure therapy:

A global view of adventure therapy as one aspect of the larger field of experiential therapies is included in the following definition points:

- An active, experiential approach to group (and family) psychotherapy or counseling ; although it is acknowledged that much work goes on in one-to-one conversations between therapist and client while involved in an activity such as a ropes course element
- utilizing an activity base (cooperative group games, ropes courses, outdoor pursuits or wilderness expeditions)
- employing real and or perceived physical and psychological risk (distress/eustress) as a clinically significant agent to bring about desired change
- making meaning(s) (through insights that are expressed verbally, non-verbal, or unconsciously that lead to behavioral change) from both verbal and non-verbal introductions prior to (e.g., frontloadings) and discussions following (e.g., debriefings) the activity experience
- punctuating isomorphic connection(s) (how the structure of the activity matches the resolution of the problem) that significantly contribute to the transfer of lessons learned into changed behavior.

The nature of the adventure activities that are conducted as a part of adventure therapy programs vary widely and include: expedition walking, cycling, rock climbing abseiling (rappelling), group initiatives/games, ropes courses, caving, canoeing, rafting, sailing, surfing, swimming, scuba diving, snorkelling, wind surfing or other activities. The adventure activities and associated human interactions are usually conducted in groups (Kimball & Bacon, 1993) where the intervention is based on an integration of principles derived from psychology, sociology, education and other disciplines that inform the process of human change and learning (Bandoroff, 1992). The goals of each adventure therapy intervention are developed in response to client needs and each activity is conducted in ways to maximise therapeutic outcomes for clients. Common goals include resocialisation, treating substance abuse, providing remedy for dysfunctional interaction with others, and improving clients' management of their own emotional and social lives (Gerstein, 1991).

"Adventure therapy" is not a coherent field of endeavour that is recognised by the general public or by people in the helping professions (Berman, 1995). Considerable diversity of opinion also exists among practitioners as to the nature of adventure therapy. The central tenets of the practice of adventure therapy are that it involves the application of "adventure" in the service of "therapy" but each of the key terms, "adventure" and "therapy" is potentially open to a wide range of interpretations. A further ambiguity lies in the way that adventure is integrated with therapy to form a unique field of endeavour.

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Adventure Therapy: Past, Present and Future

Lee Gillis & Simon Priest

Abstract

Gathering a history of adventure therapy through interactive experience is a worthy and needed endeavor. The foundation for this history is laid out in this paper. It chronicles the beginning of a project to collect the international history of adventure therapy. Current and future issues and trends are explored as they were with the participants who attended the first keynote session during the 2nd International Adventure Therapy Conference¹. The authors, as facilitators in the keynote, placed several historical events in front of the conference delegates and asked that they respond with their own knowledge about historical events in adventure therapy. The paper first examines both the stimulus items and the captured responses of this audience. It then explores new questions raised in response to questions from a similar exercise at the 1st International Adventure Therapy Conference (Gillis, 1998). Finally, future trends that the conference delegates proposed for further exploration are listed.

Introduction

Lazurus Long, one of Robert Heinlein's (1973) main characters, says "a generation which ignores history has no past - and no future". One might argue that this quote could apply to the field of adventure therapy, but that would not be entirely accurate. Adventure therapists have not completely ignored history. In fact, there is an excellent chapter of the history of wilderness therapy in the United States in Davis-Berman & Berman (1994), and Schoel, Prouty, & Radcliffe (1988) discuss the origins of Project Adventure's adventure based counseling in their classic book. However, there is no place where adventure therapy's international history is recorded, and thus the larger field may find itself with no recorded past and no future.

The approach taken here is to highlight the beginnings of adventure therapy as an eventual merging of adventure programming and psychotherapy. This was a similar approach taken at the 1st International Adventure Therapy Conference (Gillis, 1998). Specific historical events from psychotherapy and adventure programming were

presented at the 2nd International Adventure Therapy Conference as a catalyst for beginning a list of significant events in adventure therapy. (It is noted that this list is dominated with information from the United States and/ or information documented in texts and journals. Hence, the launch of an international adventure therapy history project to expand upon the historical events listed here²).

Historical Highlights from Group Psychotherapy

Events

Historical world events have had a significant impact on the growth and acceptance of adventure programming and psychotherapy (see Table I). These historical events identify the influence of war on adventure programming and psychotherapy. According to Resnick (1997), psychology and subsequently psychotherapy made significant gains after World War I through an abundance of students, jobs, funds, and faculty. Psychology moved into assessment and out of purely academic settings. The Second World War left a number of soldiers suffering from what we now call "post-traumatic stress syndrome". These "casualties" opened the door for psychologists, to receive training and supervision in treatment (psychotherapy). After World War II psychotherapy was viewed as a legitimate part of the psychological profession. Psychologists were finding employment in hospitals and clinics and were slowly embracing the transition from assessment to treatment. The child guidance clinic movement in the 1920s aided psychologists in moving towards intervention practices.

Table I

World Events That Have Impacted the Growth of Adventure Programming and Psychotherapy

Period	World Event
1800-1900	British Empire
1910-1920	World War 1- led to European exodus
1940s	World War 2-results in massive numbers of traumatized soldiers
1960s	Space Race-caused reengineering of educational system and theriseoftechnology
1970s	Vietnam War-concurrent drug culture and antiwar movement
1990s	Information Age-computers, e-mail, Internet

The second major force in the United States according to Resnick (1997), was the 1963 community mental health centers movement, which again opened up career opportunities for psychologists as psychotherapists. There emerged a need for group

work, as well as alternative experiential therapies such as music, art, and dance therapy. Finally, the first Freedom of Choice Acts was passed in the United States in 1969, and, in 1974, President Nixon signed the Federal Freedom of Choice Bill. This bill eliminated physician referral or supervision, thus opening up more opportunities for psychotherapists to practice in the United States.

People

Ettin, Cohen, & Fidler (1997) highlighted the impact of Kurt Lewin on research into group cohesiveness, conflict resolution, communication, cooperation and competition, and patterns of leadership. Historical events, especially World War II, brought a change in Lewin's approach to address immediate social problems through "action research". Lewin (1943) pioneered the use of experimental methods as a means to advance democratic processes in a scientifically rigorous fashion. After Lewin's death in 1947, his students founded in 1950 the National Training Laboratories (NTL) at Bethel, Maine US. The work at NTL focused on the experiential study of human relations as applied to education, industrial and governmental organizations, and personal development (see Ettin et. al., 1997). Many of the games and group initiatives used today in adventure programming and adventure therapy has roots in the work of the NTL.

As noted by Gillis (1998), Jacob Moreno was a major influence on the field of group psychotherapy. In 1932, Moreno coined the term "group psychotherapy" and in 1936, he founded the journal *Sociometry*. According to Gazda (1982) and Scheidlinger (1995), Moreno and S.R. Slavson had a well-documented professional fight as to who was responsible for the origins of "group psychotherapy". According to Gazda (1982: 12), Slavson introduced a child-guidance clinic in 1934 that featured a "creative recreational program for small groups of socially maladjusted latency-aged girls ... and later boys". As noted above, the child guidance movement aided the growth of psychotherapy. So, both Moreno and Slavson contributed to the early use of activities in psychotherapy with groups - a precursor to adventure therapy (Gillis, 1998). One can only imagine where the group psychotherapy field would be if Moreno and Slavson had been able to join forces instead of arguing for all of those years.

Other historical psychotherapy figures that have influenced adventure therapy include the following leaders in the family therapy movement: Jay Haley; Gregory Bateson; Virginia Satir; Carl Whitaker; Augustus Napier; and Salvador Minuchin. Satir's (1985) documentation of activities for use with families in 'Conjoint Family Therapy' and in the processes of 'Peoplemaking' (Satir, 1975) have had special significance for adventure therapist who work with families. Jay Haley's (1977) classic text, 'Uncommon Therapy: The Psychiatric Techniques of Milton H. Erickson, M.D.', have also had an impact upon those who work with families in adventure settings (Gillis & Gass, 1993), as well as those who use the concepts of metaphors in adventure therapy (see Bacon,

1983; Gass, 1991,1995).

Historical Highlights from Adventure Programming

Events

The historical events that have impacted upon adventure programming are well documented by Raiola & O'Keefe (1999). The authors begin citing Hammerman's (1980) description of the early (1590-1800) philosophical roots of adventure programming come from Comenius (1592-1670), who emphasized sensory awareness for learning, Rousseau (1712-1778), who emphasized learning through and about nature, and Pestalozzi (1746-1827), who emphasized practice to learn the sensible skills. The protection of the environment by those who wanted to have places to enjoy nature in organized clubs and camps dominated the early practical history of adventure programming. The establishments of various groups, such as the Appalachian Mountain Club, the Sierra Club, the Hull House, Boy Scouts, Girl Scouts and Camp Fire Girls, all preceded the outbreak of World War I. Organized summer camping and the use of outdoor education in schools all occurred prior to World War II. Adventure programming, at least from a recreational and educational point of view, appeared to be well established in the United States prior to World War II.

In the aftermath of World War II, the first Outward Bound School was established in the UK in 1941, and outdoor education became more widely used in schools. The 1960's brought Outward Bound to the United States and saw the later establishment of the National Outdoor Leadership School (1965), Foxfire (1986), Project Adventure (1971), Association for Experiential Education (1974), Wilderness Education Association (1977), Association for Challenge Course Technology (1994) and Play for Peace (1996). The 1990s witnessed the beginning of the impact of the Internet on adventure programming, with the 1992 start of the AEELIST (Listserv) hosted by Princeton University.

Historical Highlights from Adventure Therapy

Gillis & Ringer (1999) have noted that adventure activity approaches have much of their documented history in the philosophies of experiential learning inherent in Outward Bound, (Bacon, 1983; Bacon & Kimball, 1989). Some might also suggest that Kurt Hahn might have been one of the first adventure therapists, due to his work in moulding young soldiers to develop a "will to live" (Thomas, 1980). The use of outdoor, adventure experiences for therapeutic purposes is documented with clinical populations, such as substance abusers (Gass & McPhee, 1990; Gillis & Simpson, 1991; 1994), behaviorally adjudicated youth (Kelly & Baer, 1968; Kimball, 1983; Bacon & Kimball, 1989; O'Brien, 1990), behaviour disordered adolescents (Handley, 1992), clients served

in private practices (Berman & Davis-Berman, 1989) and psychiatric hospitals (Stich & Senior, 1984; Stich & Sussman, 1981; Schoel, Prouty, and Radcliffe, 1988).

As noted earlier, the classic work of Davis-Berman & Berman (1994), *Wilderness Therapy: Foundations, Theory & Research*, documented the early use of "tent therapy" in the hospital grounds of Manhattan State Hospital East in 1901. To prevent the spread of TB infection, TB patients were isolated from other patients by camping outside the hospital building. However, what was unpredicted was the increase in TB patients' psychological well being, as they were camped on the hospital ground. This "therapeutic approach" to camping saw its expansion in 1929 at Camp Ahmek, and in 1946, the Salesmanship Club of Dallas, through the work of Campbell Loughmiller's (1965) classic text *Wilderness Road*, developed what became the therapeutic camping movement. The evaluation by Kelly & Baer (1968) of the impact of an Outward Bound program conducted with adjudicated youth in Massachusetts appeared to be a significant event in the funding of adventure based programs. As a result of this study, many adventure programs were funded to treat adjudicated youth as an attempt for cost containment and hopes for more effective treatment.

Project Adventure first used the term "adventure based counseling" in 1979 in workshops which exposed counselors and teachers to work that was done with special needs children in neighboring schools (Prouty, 1999). Project Adventure's work was later documented in the Schoel, Prouty, & Radcliffe (1988) publication, *Islands of Healing: A Guide to Adventure Based Counseling*. In 1980 the Association for Experiential Education's Professional Group: Adventure Alternatives in Corrections, Mental Health, and Special Populations was established. The group put forth an ethical code in 1991. In 1992, after considerable discussion the Adventure Alternatives professional group became the Therapeutic Adventure Professional Group (TAPG). The publications of 'Adventure Therapy: Therapeutic Applications of Adventure Programming' (Gass, 1993) and 'The Book of Metaphors Vol. II' (Gass, 1995), were significant for the field, as well as for the TAPG. Most of the proceeds from the sale of each of these books went to support the work of the TAPG. Such support included financial backing for the First International Adventure Therapy Conference in Perth, Western Australia in 1997 (see Itin, 1998). A significant publication in the field of adventure therapy also included Stephen Bacon's (1983) text 'The Conscious Use of Metaphor in Outward Bound'. Here Bacon combined the techniques of Milton Erickson with the psychology of Carl Jung. Outward Bound was looked at through concepts such as "sacred space" and "archetypes". At a similar time to Bacon's publication, the Colorado, Hurricane Island, and Beech Hill Outward Bound Schools in the US all began therapeutic programs in 1984.

The 1994 death of Aaron Bacon at North Star Expeditions in Utah was given much

media exposure (Griffin, 1995; Morgenstern, 1995). His death followed the 1990 deaths of Michelle Sutton at Summit Quest and Kristen Chase at a wilderness therapy program run by the Challenger Foundation. Each of these deaths were negligible, in that staff members were charged due, in part, to failure to give adequate treatment. None of the staff criminally charged for these deaths in the programs were trained mental health therapists. In response to these deaths, many states in the U.S. began to examine licensing policies for wilderness therapy programs.

The adventure therapy Listserv began in 1995 on the heels of the development of the AEELIST, allowing those with an interest in adventure therapy, and with Internet access, to discuss issues related to theory, research and practice in adventure therapy. This Listserv is supported by Georgia College & State University. From 1994 until 1998, Georgia College & State University also supported a Masters of Science program in Psychology that had an adventure therapy track. The program graduated nine students during that period. However, the program voluntarily dismantled in 1997 due to the changing face of mental health licensing in Georgia, and the lack of support for the psychology department to offer quality supervision and instruction in foundation courses in psychotherapy and assessment.

International Historical Highlights from Adventure Programming and Psychotherapy

Tables II & III are the events, as identified by the conference delegates at the 2IATC, of further historical events in both adventure programming and psychotherapy. Many of these events were unable to be confirmed, however, they are presented here to begin to process of charting international events that have impacted upon the development of adventure therapy. As noted above, all readers are invited to add to the evolvement of this adventure therapy history project (see <http://advthe.gcsu.edu>).

Table II

Historical Highlights from Adventure Programming

Date	Significant Events in Adventure Programming that Influenced the Beginning of Adventure Therapy	Source (when indicated by the author)
	Socrates, Plato, and Aristotle identified virtues as the key qualities for youth in society. Virtues were best gained by direct or purposeful experience where youth were impelled into action by taking risks.	* cited in Miles & Priest (1999)
(1592 - 1670)	Comenius emphasized sensory awareness for learning.	*
(1712 - 1778)	Rousseau emphasized learning through and about nature.	*

(1746 - 1827)	Pestalozzi emphasized practice to learn the sensible skills.	*
1861	Gunnery School (CT) adds 40-mile camping trip to its curriculum.	*
1900	Baden Powell and Scouting in UK.	*
1900	William James' pragmatism (the value of experience is measured by the learning that arises from the actions and consequences of the active experience) and his virtuous moral equivalent of war (1949).	*
1902	Laura Mattoon takes girl's school group on wilderness expedition.	*
1906	Kurt Hahn "Über Erhebung"	*
1920	Kurt Hahn founded Salem Schule (Peace School) with Prince Max of Baden and Karl Reinhard.	*
1924	ACA: American Camping Association created by merging several camping organizations.	*
1927	Life Camps directed by L.B. Sharp offers camping education in the natural environment.	
1934	Kurt Hahn founded Gordonstoun in the UK after leaving Germany.	*
1938	Dewey's two principles of interaction (balancing conditions to optimize learning) and continuity (the contribution of the experience to generalized future learning).	*
1940	National Camp for training camping leaders in methods of "nature recreation" (Bill Vinal).	*
1941	Kurt Hahn founded Outward Bound in Aberdovey, Wales (UK) with Lawrence Holt and Jim Hogan.	*
1946	Brathay Hall Trust founded in UK. www.brathay.org.uk	
1950	Whitehall Open Country Pursuits Centre in UK (first LEA-Local Education Authority center).	*
1950	Second Outward Bound school opens in Eskdale, England.	*
1951	First Outward Bound programming for women	*
1958	First Outward Bound school outside the UK in Lumut, Malaysia.	*

1962	First American Outward Bound school in Marble, Colorado.	*
1965	NOLS: National Outdoor Leadership School (Paul Petzoldt was to have been the Wyoming Outward Bound School for leadership training in 1963).	*
1971	PA: Project Adventure founded (to integrate Outward Bound concepts into schools).	*
1974	First "Outdoor Pursuits in Higher Education" conference.	*
1975	Groome Disgle founded The Outdoor Pursuits Centre of New Zealand	
1977	AEE: Association for Experiential Education formed.	*
1977	WEA: Wilderness Education Association formed	*
1980	Outdoor training advisory founded in New Zealand. Closed a few years later.	
1984	"Accepted Peer Practices in Adventure Programming" published.	*
1985	Outdoor Instructors Association founded in New Zealand	
1987	"Common Practices for Adventure Programming" published.	*
1989	National Curriculum in the UK includes Outdoor Adventurous activities.	
1990	"Safety Practices in Adventure Programming" published.	*
1993	"Manual of Accreditation Standards for Adventure Programs" published.	*
1993	ACCT: Association of Challenge Course Technology formed.	
1991	University of Oregon. Therapeutic outdoor recreation program eliminated.	
1995	Lyme Bay canoeing tragedy precipitates overhaul of adventure programs in United Kingdom.	
1996	Play for Peace created.	*

Table III**Historical Highlights from Psychotherapy**

Date	Significant Events in the History of Psychotherapy with an Emphasis on Group Psychotherapy	Source (when indicated by the author)
1890s	Social Work, Groupthink, Settlement House	
1892	The American Psychological Association (APA) was founded	Resnick, 1997
1905	Pratt's "class method" beginning of group psychotherapy (in US) with tuberculosis patients; didactic approach	Gazda,(1982)
1910	Criminal justice recognizes therapy as possible alternative to prison.	Resnick, (1997)
1919	American Psychological Association initiative to establish a certification procedure.	Resnick, (1997)
1921	Adler in Vienna "collective therapy" = seeing the individual/group context	Gazda, (1982)
1921	Freud in Vienna Group Psychology and the Analysis of the Ego	Gazda, (1982)
1931	Jacob Moreno in Vienna - "Theatre of Spontaneity" & sociodrama	Gazda, (1982)
1932	Moreno in US coined term group psychotherapy	Gazda, (1982)
1933	Lewin in US social-psychological perspective on the study of groups - "action research."	Scheidlinger, (1995)
1934	Slavson - child-guidance - Therapeutics of Creative Activity	Scheidlinger, (1995)
1937	APA certification discontinued.	Resnick, (1997)
1940s	Marriage and Family Therapy founded	
1943	Slavson American Group Psychotherapy Association & International Journal of Group Psychotherapy	Scheidlinger, (1995)
1945	Kurt Lewin's - Research Center for Group Dynamics at Massachusetts Institute of Technology	Scheidlinger, (1995)

1945	Certification of school psychologists in Connecticut (US)	Resnick, (1997)
1946	1st psychology licensing act in the Commonwealth of Virginia (US)	Resnick, (1997)
1947	American Board of Examiners in Professional Psychology defined: clinical, counseling, school, and industrial/organizational psychology programs and internships. They supported state certification and licensure statutes.	Resnick, (1997)
1949	Creation of the National Institute of Mental Health and its funding of graduate training in psychology.	Resnick, (1997)
1950	National Training Laboratories (NTL) at Bethel, Maine - "T-groups" (sensitivity training); beginning of use of feedback	Scheidlinger, (1995)
1952	Eysenck's concludes no research evidence to support the effectiveness of psychotherapy and psychoanalysis was less effective than no therapy at all	Scheidlinger, (1995)
1960s	Competing schools: TA, Person Centered, RET, Existential, Gestalt Therapy Nontraditional group intervention models functioned under nonprofessional auspices - transcendental mediation & encounter groups	Gazda, (1982)
1961	Bion's "Experiences in Group" is published	Ettin, Cohen, & Fidler (1997)
1963	Community Mental Health Center Act - modified group measures.i.e. psychoeducational, recreational, and occupational methods, including art and dance therapy	Scheidlinger, (1995)
1974	US President Nixon signed the federal freedom of choice bill	Resnick, (1997)
1980s	Rising admission rates for adolescents in mental hospitals	Resnick, (1997)
1980's	Jay Haley; Problem solving ordeal therapy	

1983	Institution in US of Preferred Providers and Diagnostic Related Groups	Resnick, (1997)
1984	Kolb's work in learning theories	
1989	T-Groups. Sensitivity training initiatives by a Turkish psychologist who studied and worked in the states.	Scheidlinger, (1995)
1990s	Cost containment through managed behavioral health care	Resnick, 1997

Current and New 'Hot Issues' in Adventure Therapy

Current 'Hot Issues'

During the keynote, current "hot" issues impacting the field of adventure therapy were also discussed. A review of past topics from the primary author's presentation at the 1st IATC (Gillis, 1998) was presented to the audience. Participants were then invited to add their own questions to this list in four areas: Research, Practice, Theory, and Public Relations/Marketing. Issues that were collected are listed below.

Research Questions

- What is quality research in adventure therapy?
- What can we learn from psychotherapy research that will benefit adventure therapy?
- How do research philosophy/paradigms and debates influence research in adventure therapy?
- How can we examine process of therapy in adventure therapy research?
- How can we design longitudinal studies of different populations in different countries that compare long-term and short-term change?
- How can we build a working relationship between funding-research-practice?
- When will we have clear workable definitions of adventure approaches so research can be duplicated/understood?
- When and where can we establish a database home for recording new findings and continuing research dialogue and dissemination?
- When will we have one journal in which to publish theory and research?
- When will universities and practitioners form collaborative partnerships to further research and evaluation?

Practice Issues

- Do adventure therapists recognize the need for their own supervision or personal therapy?
- How do you integrate a specialist brought into an adventure therapy program?
- When will we develop an international code of ethics?
- When will we develop staff with the length and depth of experience: male and female; blue collar and white collar; black and white?

Theory Issues

- Is adventure therapy becoming a new religion?
- Is wilderness therapy different from adventure therapy?
- Does adventure therapy only mean human-made ropes courses?
- What is the value of clients in adventure therapy not changing? Is not changing even possible?
- What is the place of physical extremes in our daily life and how does what we do in adventure therapy accommodate them?
- How is adventure therapy meeting the postmodern challenge?
- How can there be only one definition of adventure therapy? (It's a difficult but worthwhile pursuit.)
- How can we better integrate group and systems theories with the theory of adventure therapy?
- How can we better differentiate the theory of how adventure is a factor in therapeutic change - for different types of clients?

Public relations/marketing issues

- How can we promote media coverage on the impact of therapeutic intervention?
- What is the impact of extreme activities and accidents on adventure therapy?

New 'Hot Issues' in Adventure Therapy

Spirituality in adventure therapy and the "response to the postmodern challenge" appeared to be the only "new" hot topics brought out by the group when compared to the previous list (Gillis, 1998). Issues related to improving the quantity and quality of research in the field, as well as clearer definitions of adventure therapy, have been dealt with in several places (see Gillis, 1992; Gillis & Thomsen, 1996). What first becomes apparent from the collection of 'hot topics' is that most of the desires of participants in the 2nd International Adventure Therapy Conference have not yet been completed. Further, the ones that have been completed have not necessarily been disseminated in a

way that becomes part of the international consciousness of adventure therapy. Second, conference delegates posed no questions that began with "who". When, how, can, and what questions were prevalent in the lists, but there appeared to be no identification of people, universities, or programs that were willing to step forward and produce results on one or more of these questions. It is the observations of the authors that an analysis of written material in adventure therapy would find that a small number of people have written most of the current material to date. So the question that can be posed here is, as adventure therapists, are we a group of people who "do", but do not "write"? Thus, the future and growth of adventure therapy may rely more upon what we write down and share, rather than the individual programs we conduct.

Future Trends in Adventure Therapy

Finally, conference delegates devised a list of future social trends and events that might influence both the 3rd International Adventure Therapy Conference (to be hosted in Vancouver, Canada 2003) and the development of adventure therapy. These trends and events included the following:

- The rise and fall of global economy.
- Terrorism - disaster-response preparedness.
- An increase or decrease in the value of mystery, spiritualism, eco-sustainability.
- Wider acceptance of natural healing and a move away from the medical model of pathology.
- Wider acceptance of indigenous cultural ideas, and multicultural perspectives.
- Demand for increased accountability pressures.
- Decrease of wilderness access.
- Internet technology: virtual experiences including video streaming & debriefing.
- An increase or decrease in degree programs for adventure therapy.
- Career turnover in adventure therapy - valuing or devaluing productive people

There were not necessarily any surprises in this list. The first items concerned issues that impact the world of politics, especially if there are economic or terrorist disasters. Second, the acceptance of different ways of psychological treatment may have a positive influence on adventure therapy, especially if adventure therapy can become more accountable as the attendees at the conference seemed to desire. Third, it became evident how issues related to the Internet and virtual experiences could have a tremendous positive or negative influence upon adventure therapy. For example, the Internet can offer new environments in which to work, or even promote less desire among people to interact in face-to-face "wilderness" or "adventure" environments.

The final issue that appeared to have direct impact on adventure therapy was the need for more university level programs that train adventure therapists, at levels that are recognized by the traditional mental health practitioners in similar environments. Career influx, turnover, and burnout will have direct impact on the future of adventure therapy. Thus, having clear academic programs that train adventure therapists can both increase the number of new applications for adventure therapy positions and start to build ethical and quality practices to help sustain adventure therapists. However, adventure therapy has traditionally been a field that trains through apprenticeship where individuals become staff members in programs and work their way to administration. Is this approach continuing to bring in enough new practitioners? Further, adventure therapy is a relatively young field and many of its senior members are approaching the latter part of their careers. The most significant future trend appears to be the ability of senior members to lead mid-level and young members of the field to write and publish on adventure therapy, as well as question and challenge the field.

Summary

The goal of this paper was to put forth known historical and thematic issues in adventure therapy, adding to this list information from an international audience at the first keynote address at the 2nd International Adventure Therapy Conference. So what exists here is an initial overview of documented history of group psychotherapy and adventure programming that was presented to the audience, and the collection of events that appear to be part of the history of adventure therapy. In setting new goals, the authors propose a dynamic history project whereby readers are invited to visit the web site <http://advthe.gcsu.edu> and add or edit items in the three tables that were presented at the conference. The hope is to build an accurate and ongoing international history of adventure therapy that is less dominated by references primarily from the United States.

The current "hot issues" and future trends in the field offer no surprises, but several challenges. The most critical challenge to the field is to identify who will step forward and publish new research and practice material that addresses the needs of the field? Senior members of the field have an obligation to lead - by example and encouragement - mid-level and younger practitioners and students of adventure therapy to contribute to the field. If adventure therapy practitioners and researchers do not continue to share the history of the field with the new generation, then we are likely to make Lazarus Long correct and produce adventure therapists who have no past, nor a future. The field then risks having no knowledge of where we've come from nor where we're going - we end up lost.

Endnotes

- 1 The primary purpose of this presentation was to work with conference attendees to collectively explore, interactively examine, and experientially co-create a picture of the past, present, and future of the field of adventure therapy. To this end, the keynoters presented their thoughts via overheads from previous work and then invited the audience to add to these efforts by posting contributions from their own experiences. This paper contains both what was presented to the audience during the keynote address as well as the responses that were captured during the experiential portion of the program.
- 2 This list presented is also available on the Internet at <http://advthe.gcsu.edu>. The purpose of placing the lists there is to invite others to add to this list and thus begin to create a dynamic history project. Events can, therefore, be added or edited in an attempt to come closer to documenting the complete international history of adventure therapy. The authors recognize that the information contained here is dominated by information from the United States, and/or information documented in texts and journals. We recognize the profound influence of events from around the globe on both streams that influence adventure therapy. Hopefully, future versions of this information will be balanced through use of this adventure therapy history project launched by the publication of this paper.

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What to Observe in a Group

Claudio Neri

Abstract

The objectives I have set myself in this paper are to give a general idea of what a group therapist with a psychoanalytic approach observes in a therapeutic group, and to examine two areas of observation that I retain essential to my work. Different points to consider in group psychotherapy will be discussed. These include individuals, inter-personal relationships, interactions between individuals and a central object, and trans-personal phenomena. This paper will hopefully stimulate constructive dialogue between a group therapist with a psychoanalytic formation and colleagues who practice adventure therapy, without neglecting the different theoretical standpoints that divide us.

A Methodology for Experience

Experience without theory is blind. I believe if one doesn't have a theory or a minimal hypothesis in mind, it's impossible to observe. On the other hand, theory without experience is void. I observe and I verify my hypothesis, then I build a new hypothesis on my observations: when I have a new hypothesis, I am free to observe again. This is my methodological approach that takes account of both theory and experience. The other methodological approach I use is to combine what I observe when I watch and listen to others, and what I feel and how feelings change during that interaction. In all my reports I take note of what is happening in the group situation and what is going on inside myself, whether it be baffling or enlightening. The third point of my methodological approach is the following: cognitive factors and emotional factors contribute to form a synthesis of my observations. Among the cognitive factors, intuition and theoretical models are invaluable. Also, the elaboration of the therapist's experiences and emotions plays an important part. I would like to add that I rely on vignettes, examples and allegories to illustrate the points I am trying to get across. I realise that it diverges from a traditional scientific treatise, but my preference derives from the particular discipline I work in. Dreams, tales and fantasies make up the backbone of any

group session conducted from a psychoanalytical point of view, and, in my opinion, theoretical discussions must also necessarily contain this material.

Adventure Therapy and Group Psychotherapy with a Psychoanalytical Approach

It is impossible to fully examine the similarities and the differences between adventure therapy and group psychotherapy with a psychoanalytical approach here. However, I will give brief definitions of the two disciplines in order to lay out a framework to this paper.

Adventure therapy is a relatively new field of endeavour whose activities involve the combination of physically and psychologically demanding outdoor activities and/or a remote natural setting. One of the basic principles is experiential learning. The adventure activities and associated human interactions are usually conducted in groups. The goals of each adventure therapy intervention are developed in response to client needs and each goal includes re-socialisation, treating substance abuse, giving the client a better understanding and control of their own emotional and social lives. The main idea of the practice of adventure therapy is that it involves the application of "adventure" in the service of "therapy" but each of the key terms, "adventure" and "therapy" is potentially open to a wide range of interpretation (Adapted from Ringer, 1999).

In defining group analytic psychotherapy, Foulkes (1964: 43) states that:

The use of the term 'group analytic psychotherapy' stresses two aspects: first of all that in its general theoretical and clinical orientation it is situated in a common territory with psychoanalysis; and second, that because of its intensity and its aims, on the level of group therapy, it occupies a position very similar to that seen in psychoanalytical psychotherapy. Therefore, it is a psychoanalytical psychotherapy that is carried out within a group, which is considered as being a unit. However, like other forms of psychotherapy, it also puts the single individual at the centre of attention.

The differences between adventure therapy and group psychotherapy with a psychoanalytical approach are, as I said before, unquestionable, but if we take a closer look we begin to see some similarities. For instance, the fundamental importance of the experience, that is both a personal and learning experience. Another similarity is the sense of adventure that involves risk. The risk in adventure therapy is connected to a particular environment that could involve danger. Risk within group psychotherapy, is connected to revealing unknown aspects of the personality. Every person who approaches group psychotherapy is on the brink of a transformation of the structure of the personality. The relationship with himself/herself and others undergoes change. The therapist is also involved in this "adventure". Risk seems to be the most visible aspect that both

disciplines have in common. In the future I am sure others will emerge as a result of contact and study between the two disciplines.

Four Points to Consider in Group Psychotherapy

In my opinion in order to practice group psychotherapy with a psychoanalytical approach it is necessary to observe the following four points:

- Individuals
- Inter-personal relationships
- Interactions between individuals and a central object
- Trans-personal phenomena.

I have chosen these four points for two reasons. First, the areas they refer to are easy to differentiate. Second, they embrace everything the group analyst should observe when conducting a group. The therapist moves from one point to another, trying to create links between them. It is impossible to consider them contemporaneously, nor individually, but they are components of a set. The therapist is a bit like a movie camera that zooms onto and pans around, linking up the separate pieces.

Individuals

During the working progress of the group, each participant puts forward his/her own fantasy history, using different forms of expression, such as stories, dreams, behaviour, etc. All these communications contribute to the development of group activity, and at the same time are linked to previous communications, following the drift of fantasies. The group members continually refer to their fundamental themes. I often use the word fantasy in my writings, by this I mean, all that is concerned with an imaginary scenario in which the subject is present and is represented, and can be distorted by defensive processes; or, the realization of an unconscious wish. By 'fantasy history', I don't mean the individual's chronological history, for instance where that person went to school, how many brothers and sisters, who the parents were, etc, but how that individual imagines him/herself during childhood days and his/her present life context.

The therapist makes an effort to understand the underlying meanings to each communication and observes how each person evolves according to the relationship he/she has established with him/herself and with the group. The therapist also observes the patient's reaction to the therapy and notices if there is a development (or a stoppage) in the evolution of the personality. By development, I mean the person gradually becoming more aware of vital and instinctual aspects of his/her personality, which were hidden or repressed. Little by little, a life project starts to emerge. This development is not a linear one, but it proceeds in starts and stops.

Listening to individuals in a group is similar to listening to certain pieces of music, such as 'Peter and the Wolf'. Prokofiev's work is composed in such a way that the listener can hear the timbre and the sound of a single instrument and the gradual development of the instrument's musical phrase. Similarly, the therapist learns to recognise the characteristic way of expression of the individuals in the group. It is important that the therapist does not always consider the expressions of the participants as signs of pathology, but more often as their particular way of expressing themselves. The recognition of each individual also functions as an antidote to transformation of the group into a mass. Tocqueville (1835-1840) reminds us that "a group cannot be free if its members are not free". The therapist pays attention not only to the participants of the group who are speaking, but in particular to those who are unable to express themselves in words. By joining together short phrases, facial expressions and fragments of feeling and thought, the therapist can help to bring out a capacity of being their ordinary selves, which these patients - who may be confused or whose identity is multifaceted - do not possess, or only potentially possess. The therapist's help could be compared to the relationship between a father and a son who has to decide which university faculty to enter. The father thinks: "my son ought to become an engineer". This could have two outcomes. Either the son could identify himself in his father's image by choosing the faculty of Engineering, or else he could reject his father's proposal. Even if he chooses the latter, his self-esteem is strengthened by his father's interest, providing him with a cognitive point of reference and orientation, and enabling him to see himself as a whole person.

Interpersonal Relationships

The therapist observes the relationships that develop within the group. Every relationship is made up of two layers. One layer is the current or present relationship. The other, which could be compared to a scent, is the infant relationship¹. In any relationship, for instance between two friends, rivalry, solidarity, etc., can be seen. Psychoanalysis perceives these qualities, not only in the present human relationship, but also in the childhood relationships underlying the present ones. All relationships are imbued with affective contents, which can be traced back to previous situations. For example, if uneasiness and protest are expressed, the therapist must appraise whether these manifestations are a demand for affective warmth (the transference of a mother image), or a demand for freedom of thought (an expression of an Oedipal or paternal transference). However, I don't agree in using the transference concept in groups. The extrapolation of theoretical constructions from the world of traditional (dual) psychoanalysis to the group is always problematic, and can cause confusion and distract attention from what the group essentially needs. Transference phenomena are central to the analytic couple situation, whereas other phenomena relating to the field are specific to the group.

There is also another reason why I avoid using the transference concept in groups. It is certainly true that - in the group setting - there is an affective and fantasy investment onto the therapist that could be likened to transference. Since this occurs within the group it must be dealt with as a problem of the group situation. I might add that the most effective interventions of the group therapist are not those that interpret the nature of interpersonal relationships (such as transference), but those that deal with the field forces present at that moment. Returning to the previous example, for instance, if a member is particularly aggressive with the therapist I would prefer not to treat this phenomenon as an Oedipal problem. Rather, I would see the aggressive behaviour as a change in the group atmosphere encouraging new creative possibilities. In other words the aggressive behaviour interrupts an atmosphere of dependence that is restricting the possibilities of expression. Let us consider another aspect of interpersonal relationships. Often a member perceives the feelings of a fellow member, which he/she is unaware of. These perceptions can be accurate or distorted. If the perceptions are distorted, they are accompanied by weighty identifications and intense affective investment. The background atmosphere of the group plays an important part in these dynamics. If tolerance and friendliness prevail in the group then correct perception prevails too, but this is not the case if the atmosphere is persecutory².

Foulkes (1964) uses the term "resonance" to describe the capacity of the members to comprehend emotions and experiences within the group. He takes "resonance" from physics, as a metaphor and as a model. A definition of resonance follows. Two or more objects - e.g. two violin strings - can be set vibrating on a frequency that is distant from their own, or from their natural frequencies. The effect remains weak but increases as the excitant frequency approaches the natural one and reaches wide amplitude of vibration (amplitude of resonance). When it reaches one of the natural frequencies (resonance frequency), the system is then said to be "in resonance". Normal emotional contact in the group corresponds to resonance at a long distance from natural frequencies. However, true resonance between two or more people (system in resonance) comes about when a particular theme, fantasy or sentiment is expressed. Resonance often requires a certain "working through". For example, a member of the group can have a dream that regards another member. Just as a mother bird pre-digests food for her young, he or she adopts the emotional situation of a companion who is not capable of "working through" in that particular moment. Resonance also takes place when associative and "working through" chains are created by the group, involving the majority of the group members.

Interactions Between Individuals and a Central Object

First, I will refer to the chain of associations, a specific procedure of group therapy with a psychoanalytical approach, then I will go on to illustrate the interactions between

individuals and a central object. Free association is an integral part of psychoanalytical technique used in the dual analysis to gain access to the unconscious levels of the mind. The patient communicates his/her thoughts regarding a dream or an episode, which becomes a free-floating stream of associations and takes up as much time as he/she wishes. This technique cannot be used extensively in the group setting for obvious reasons: the other members' attention would stray. However, on certain occasions the group during its characteristic free flowing discussions come close to expressing free associations. These discussions can lead to the emergence of a chain activity, to which each member contributes a personal link, by adding a fantasy, a comment or a memory. The group chain of associations is where fantasies of individual participants can be expressed and fantasies of the group as a whole. For example, a chain of associations can express both an individual's desires and hopes and shared messiahs like the fantasy of a new world.

Just as the associative chain elucidates one aspect of group communication, another aspect may be represented by the star-shaped image. Here the members of the group revolve around a common object, which is seen from different points of view. All the members are linked to a central point that acts as a group connector. I refer to this object as a group connector, because it galvanizes the attention of all the members, each one being connected to the other by this common object. The common object may be an event that the group is already conscious of, like a fantasy or an emotion, or maybe it is unclear or even unidentified. This reminds me of a Sufi story.

Many years ago, there was a country where no one had ever seen an elephant. The King of India, for political reasons wanted to make an alliance with the king of that country, so he sent him an elephant as a gift. It arrived at night and was immediately enclosed in a pavilion in the embassy garden.

The people's curiosity was great, and in order to see what an elephant looked like, four of the bravest men decided to creep secretly into the pavilion while it was dark. So as not to be found out, they did not take a lantern with them, but simply touched the animal, feeling it carefully and then quickly ran back to their friends who were waiting for them impatiently.

'This is what an elephant is like,' said the first, who had touched a foot, 'it is like a round column.' But the second, who had touched its trunk, retorted, 'Not at all; it is like a thick rope, very thick and very long.'

The third, who had carefully felt one of the elephant's ears, assured them that the animal was like a great fan, and the fourth, who had examined the tail, asserted that at the end of the day the elephant was just like a pig's tail, but much higher up and rougher" (Mandel, 1992:26-27).

The story of the 'Elephant in the Dark' urges us not to speak about things without having a global view of them. However, as in many Sufi stories, another reading is possible. We can imagine the four adventurers discussing excitedly what they felt and thought when they touched the elephant, surrounded by a crowd of eager listeners adding their own opinions and conjectures. In my opinion the story depicts the idea of the star-shaped group, where the different vertices contribute to the overall knowledge of the group enriching the single components. The participants of a group find themselves in a similar situation to the brave men who ventured into the compound, without a light. They tend to perceive a common fantasy, but it is not clear, they cannot distinguish its meaning. They share their different perceptions of it, leading to a greater understanding of the whole.

Trans-Personal Phenomena

The last point I want to discuss is transpersonal phenomena. The word "transpersonal" means literally beyond the individual ("trans": beyond, "personal": the individual.) Ninety years ago a transpersonal approach to the psyche appeared in studies by William James, Carl Jung, Abraham Maslow and Roberto Assagioli. The transpersonal psychotherapy studied transcendent states of consciousness and aimed at developing the highest spiritual and mental capacity of the individual. (Battista, 1996; Kasparow & Scotton, 1999). I will not refer to this psychotherapy in this paper, nor use the term in that sense. By transpersonal phenomena I mean the diminishing of ego boundaries in the group, thus creating:

- Basic assumptions
- Atmosphere
- Medium.

Basic assumptions, atmosphere and medium tend to overlap in the clinical situation of group psychotherapy, but I will describe them individually.

Basic Assumptions

In 1991, Bion's daughter Parthenope Bion Talamo wrote:

In a broad outline of Bion's theory [...] he declares that the attempts made by human beings united in a group to develop creative conduct (in whatever field may be disturbed and even completely broken off by the emergence of thoughts and emotions [which are] rooted in unconscious fantasies concerning the "true" motives for the foundation of the group.

There are three main classes into which these fantasies fall. 1) "Religious", the fantasy of depending totally on an absolute and dominant figure. 2) That of "coupling" according to which the group is said to be formed with the sole aim of

reproduction, a class which merges into the religious one when the product of the mating, whether it be a person or an idea, is seen as a Messiah who is still to come. 3) Fight/flight, a basic fantasy where the group unites in order to deal exclusively with its own preservation, and this depends exclusively on attacking the enemy in mass or fleeing from it. (Bion Talamo, 1991:4-5)

The observations on basic assumptions made by Bion during his lifetime research on groups tells us above all that the members perceive everything that takes place in the group. Basic assumptions are a way of perceiving. They are like glasses of different colours. If you wear "coupling basic assumption glasses", you see the world coloured with hope and joy. If your glasses are "fight-flight glasses", you see it coloured with anger and persecution. What is more important, you are not the only person who sees things that way, all the members of your group will do so too. It is a collective phenomenon, not an individual one. Bion describes this phenomenon without giving any explanation to it. We can only presume that basic assumptions are part of the heritage of people.

Atmosphere

The atmosphere of the group is a consequence of the emotional and physical experiences of the participants of the group. By a merging effect, (syn-aesthesia) these emotional and physical experiences tend to unite in a flexible ensemble that makes up the atmosphere of the group. Fritz Redl (1942:573-6) defines it as the "quality of the basic feeling that underlies the life of a group, the sum of the emotions of each individual that encounters others, work, the institution, the group as a unit and the external world". In Metter's (1992) latest book there is a particularly fine image that renders the idea of atmosphere in groups. Metter writes that in certain environments - public lavatories, breweries, or train stations - a characteristic odour accumulates: even when the rooms have been aired or cleaned, the odour tends to linger on in the air. Thus, going into certain groups, we can feel a sense of longstanding rancour, or gloom and boredom that cannot be eradicated, whilst in others a sense of mental openness and lightness can be felt. The group produces certain "atmospheres", and these cannot be modified or easily transformed. Furthermore, in a group there are also transient and long lasting atmospheres.

Medium

McLuhan (1977) states that the message is the media. Communication made through the media is deeply influenced by it. Sometimes the medium surpasses the message. Television is a medium. The discotheque is also a medium: it conveys a sense of excitement and a different perception of oneself from normal life, especially for someone who doesn't go there often. The group situation is a medium. A person approaching a group for the first time is often confronted by a sense of fear and de-personalization. The therapist must be ready to face this situation.

The introduction of a new medium or a change in an already known medium - as I said before - modifies the perception of those who are experiencing it. The impact of medium changes with the passage of time and varies proportionally to the amount and speed of change. For example a light dimming in a room is a slow change in the medium and easy to adjust to. Sudden darkness results in a cloudy and almost anaesthetised perceptive relationship to the medium (which can even be totally excluded from consciousness). A sense of uneasiness sets in. In a group the physical or somatic presence of all the members is an important element of the medium. If a member is missing (an empty seat), the absence modifies the setting, and an adequate "working through" is necessary, to re-establish communication. An example of a change in the medium is seen in a true story from New York (Pribram, in Bruni & Nebbiosi, 1987: 84; Pribram 1991).

The police noticed an increase in night calls coming from a certain suburb. These calls (reporting burglary, rape, gas leaks, etc.) were without foundation. After further study, it was seen that the calls for help were concentrated within three or four time-slots during the night. Finally, a plausible explanation was found: the times of the calls coincided with underground trains that had been cancelled from the usual time-table. The deafening silence was the cause of all the alarm.

This story clearly illustrates how the change in a medium (the running of the underground trains) modified the setting of the nocturnal habits of the population. As in a group, a missing person modifies its setting and necessitates adjustment.

Techniques for Dealing with Trans-Personal Phenomena

It is not easy to detect the effects of the medium and basic assumptions as they are disguised in the group environment. According to McLuhan (1977), the artist is able to look around, rather than look backwards or forwards. The therapist develops an "artistic side" to his personality in order to recognize transpersonal phenomena, which are not so easily detected by a "rational mind". To illustrate this point, I shall tell a story written by I. Turgenev (1882: 84-85) when he was an old man. Turgenev had been invited by a friend to visit him on his estate. His interlocutor using a medium made up of pity, arrogance and grandeur managed to drive him into a frame of mind ranging from acquiescence to outright rebellion. The story tells how he succeeded in resisting the effects of the medium, gaining a new perspective.

I received a letter from an old university companion, a rich aristocratic land owner, inviting me to his estate. I already knew that he was ill, almost blind, and semi-paralysed ... When I arrived I met him in one of the avenues of his enormous park. He was wrapped up in fur - even though it was summer - sitting in a small wheelchair pushed by two servants dressed in rich liveries. He was humped and sinuous, and seemed worn-out, with a green parasol protecting his eyes.

- Welcome - he said with sepulchral voice - to my hereditary property, to the shade of my trees!

A mighty, millennial oak opened above his head, like an ample curtain,

And I thought: "Oh millennial giant, are you listening to what he is saying? A half-dead worm, which crawls to your roots, is calling you: his tree!"

But then: a light wind, like a wave, arose and crossed the thick foliage of the giant, with a rustle ... It seemed to me that the old oak was responding to my thought and to the boastfulness of the sick man, with silent and kindly laughter.

Turgenev, by shrugging off the physical decadence and arrogance of his old friend, avoided looking "backwards and forwards". His artistic temperament enabled him to "look around", catching the rustle of the old oak's foliage in the wind thus perceiving the curious message. The therapist tries to develop a capacity to perceive feelings, colours and odours concealed in the medium, remembering that feelings and odours are only perceived when one "looks around". I learned this early on in life from a childhood experience, which I will describe in this vignette:

My nanny was a Polish lady, who lived in Rome, in exile. At a certain time of year, she used to cry. I realised later that she cried when the lime trees came into flower. There was an abundance of these trees in her hometown in Poland. Up until that time I had never noticed the scent of lime trees in Rome, because these trees are uncommon and not very popular. Now I am aware of the presence of these trees and I've learnt to recognise the sweet and pervasive scent in the complex and confused urban environment.

The affect for my Polish nanny made me aware of her homesickness for the first time and awakened me to the scent of the lime-trees again for the first time in the traffic-ridden Roman streets. Likewise in a group, the therapist develops the capacity to identify a sentiment among many others in the medium of the group.

Conclusion: Inter-relationship and Synthesis

In conclusion, having examined the four main points that I retain fundamental for the conduct of group therapy with a psychoanalytical approach, I would like to clarify the inter-relationship between these different areas and show how the therapist can utilize the observations³. Everything the therapist observes regarding individuals, interpersonal relationships, interactions between individuals and a central object, and transpersonal phenomena, goes to form a synthesis that provides a wider and more general meaning as to what is happening in a group, and more important, the difficulty that the group is facing, and what can be done to actuate a transformation. Here there is an analogy with Gestalt psychology that in its beginnings sought to explain perceptions in terms of forms (gestalts). It stated that when perception reaches a point of distinguishing a

whole form from what had been seen up to then as sparse elements, it is the whole form that commands perception. This theory was proved in different experiments on perception. For instance, two lines on a sheet of paper can be perceived either as a vase or as two profiles facing each other. Likewise the single observations that the therapist makes in a group go to form a synthesis. These observations could be: the mood of one of the participants; the type of relationship two participants have between themselves; tension towards an object with certain characteristics, for instance interest or fear; the atmosphere in the group; and what basic assumption is dominating at that moment. All these observations flow into a general idea of the problem or the aim expressed by the group as a whole. When the therapist has to face difficulties in a group, the first question that comes to mind is, "how can my observations produce an effect or a change, even if the outcome is unforeseeable?" In formulating the synthesis of his/her observations the therapist is helped if he/she concentrates on the obstacle or difficulty, examining the nature of the anxiety that is impeding the progress of the group. Once the therapist has comprehended this synthesis, then the single problems may be faced in a new light, helping to contribute to a transformation in the group.

Endnotes

- 1 Here I am referring to the characteristic psychoanalytic model of the relationship. Psychoanalytical theories state the importance of past experiences and how they influence present behaviour, values and beliefs. This can be summarized in a Latin saying: "In puero homo" meaning, in the child lies the future man.
- 2 Here I am not referring directly to a persecutory atmosphere, but to the effect that any atmosphere (e.g. the persecutory one) has on perception. Naturally the therapist must try to resolve a persecutory atmosphere, using reconciliatory work or another procedure, but the point I am making is a different one, it has to do with the perception and how it is distorted by persecution.
- 3 At this point, I would like to recall another problem that should not be overlooked when the therapist makes his intervention. There is a question that the members never ask out loud, but nevertheless is probably on their minds: "How can you back up what you are saying?" I believe accurate observations made by the therapist provide sufficient evidence to answer that question.

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Author Biography

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Experience - Adventure - Therapy: An Inquiry into Professional Identity

Rüdiger Gilsdorf

Abstract

This paper deals with a number of fundamental questions that the author considers useful to ask in the process of establishing general guidelines for the field of adventure therapy. It is divided into two parts. Part one, 'glasses, boxes and blindfolds', draws on the metaphors which had been 'enacted' in the keynote address during the 2nd International Adventure Therapy Conference. In particular, the paper examines: the general difference and tension between a constructivist and a positivist perspective; recommends several therapeutic approaches which operate from a constructivist perspective to be considered in the context of constituting what could be called an 'experiential adventure therapy', as opposed to a more control oriented practice; and it points out the danger of taking common concepts and practices for granted by referring to Bourdieu's (1998) concept of 'doxa' or hidden assumptions which limit the scope of our understanding and possibilities beyond our awareness. In the second part, a critical look into the essential elements of therapy and the therapeutic profession is presented, as well as a more detailed analysis of the implications of different perspectives, approaches and blind spots in several aspects of therapy. Specific consideration is given to the discussion of questions of definition of therapy, professional qualification, diagnosis, models of intervention, therapeutic goals and evaluation of therapy.

Glasses, Boxes and Blindfolds: Metaphorical Advances in the Field of Adventure Therapy

Adventure therapy is still a relatively young field with more questions than answers, in particular concerning its identity and place in the broader context of therapy. The intention of this paper is to explore some of the issues that arise in the search for the therapeutic qualities of the adventure approach and of its background in experiential learning. Within this exploration, three particular themes are highlighted and the following three metaphors have been chosen to illustrate this discussion:

Glasses:	to emphasise the perspectives from which we look at the new field and approach our practice.
Boxes:	to identify the therapeutic concepts and approaches to which we refer and the implications which accompany such choices.
Blindfolds:	to illuminate the 'blind spots' and hidden assumptions that we may tend to overlook when discussing questions of adventure therapy.

Glasses: The Perspectives From Which We Approach Our Practice

Practitioners with different backgrounds approach the field of adventure therapy with different perspectives. This is as natural as it is inevitable. Whatever we look upon, we look through our individual lenses and thereby create a picture of the subject in question. In the human sciences this situation is particularly evident, as there are few 'objective' standards to which to refer. Lynn Hoffman (1990) proposed to understand psychology as "an art of lenses". As a matter of fact, psychology and psychotherapy can hardly be considered as fields of knowledge which have developed a consistent and agreed upon set of standards and practices. Instead, in the short history of psychotherapy in particular, a number of quite different and in part contradictory approaches have been competing for influence and scientific acceptance. Different theories have been given special attention at different times. Consequently, Harlene Anderson and Harold Goolishian (1990:214) propose that, "we should understand our theories, as well as our therapeutic practices, rather as momentary glasses than as pictures which represent a social reality"¹.

In this sense, we may speak more generally of our 'glassed existence'. We may sometimes lose sight of the situation of our glassed existence in the heat of controversial discussions or in our routine. As professionals in the field of education and therapy, we are generally well aware of the existence and importance of such perspectives. However, there seem to be two fundamentally different ways, or 'meta-perspectives', to deal with such 'glassed existence'. One position may be referred to as 'positivism'², the point of view of classical science. Its basic assumption is that we can find out what the world beyond the 'glasses' really looks like. There is a strong belief in objective truth and in the ability to get 'beyond' perspectives by means of comparison, measurement and logical deduction. Any approach that is grounded in this position will try to develop objective, reliable and valid concepts of the phenomena in question. The other position, which is most often referred to as 'constructivism'³, starts from the assumption that there is principally no way to get 'beyond' perspectives. All we have are glasses, and whatever 'reality' behind those glasses may eventually look like, all we can do is construct a picture of it from a certain perspective in a given moment of time. Thus, what essentially counts is the need to take responsibility for this construction.

According to v. Foerster (1996:29) the question of which of the above perspectives is 'true' is a 'non-decidable question', implying that we may decide upon its answer. In this paper, I will suggest a constructivist perspective for adventure therapy, and will explore

some of the implications this perspective has for adventure therapy. Recently, there seems to be a consensus that constructivism and the experiential approach fit together well. For example, in the definition of experiential education proposed by the Association for Experiential Education, one can find many hints of constructivist thinking; as it is stated that, "the learner is actively engaged in constructing meaning" and that "the outcomes of experience cannot be totally predicted" (Luckman, 1996:7). However, epistemological questions do not seem to be a prime concern to most practitioners of experiential education and adventure therapy, and the thinking in the field often seems to oscillate between a constructivist and a positivist perspective - an assumption which will be further explored under the theme of 'blindfolds'.

Boxes: Therapeutic Concepts and Their Implications

Different perspectives are likely to lead to different discoveries. These discoveries again will be explained in terms of the perspectives that make them visible. In time, separate 'systems of understanding' with separate terminologies and separate basic assumptions come to life. As such systems of understanding often seem to live a quite self-contained life, I will refer to these as 'boxes'. As has been pointed out above, the realm of therapy has produced an amazing variety of such 'boxes'. Thus, in the process of developing guidelines for an adventure therapy approach, it appears more than appropriate to look for parallels and common ground between concepts that have been developed in the adventure field and those of different therapeutic approaches. For example, in one attempt to examine such parallels, Bernd Heckmair and Werner Michl (1993:217) came to the conclusion that, "some therapeutic directions could be laid like an overhead on the practice of experiential education". However, Lee Gillis (1998:19) pointed out in his keynote address during the First International Adventure Therapy Conference (IATC) that, "writings on models of therapy that fit with adventure are one of the weakest areas available to our field at the moment". My personal view is that the following therapeutic approaches deserve a closer look concerning their common ground with an experiential perspective:

- A gestalt perspective (Zinker, 1977; Portele, 1992; Fuhr & Gremmler-Fuhr, 1995), and its recent and interesting development to a 'process experiential therapy' (Greenberg et al., 1993; 1998; Peeters, this volume) - which can be seen as a merger of gestalt and client-centered therapy.
- A systemic perspective (v.Schlippe & Schweitzer, 1996) and in particular narrative approaches (Parry & Doan, 1994; Monk et al., 1997; Parker, 1999), which have strongly influenced theory and practice in family therapy recently.
- A group dynamics perspective, in its early form as a 'therapy for normal people' (Bradford et al., 1964), as well as regarding more recent developments (Schattenhofer & Weigand, 1998; Koenig, 1999).

At first sight, this might appear to be a wild mixture of therapeutic approaches with very different methodologies. It is important to mention, therefore, that the focus here is not on therapeutic techniques, but rather on basic underlying concepts. On this level, several authors have drawn interesting parallels between experiential education and Gestalt therapy (Penner, 1997; Gilsdorf, 1998a), experiential education and the systemic-constructivist perspective (DeLay 1996; Luckner & Nadler, 1997; Gilsdorf, 1998b; Amesberger & Schörghuber, 1999) and experiential learning and group dynamics (Hovelynck, 1999a). In particular, Warren Bennis (1964:248) highlights the origin which some of the concepts of the experiential adventure approach may have in the group dynamics tradition.

Someone once compared the first days in a T Group with a group of blindfolded individuals, all strangers, entering a completely darkened room. Milling about in chaotic fashion, some overstepping cautiously, others creeping along the floor as the one certain support, the 'group' moves gingerly and with exaggerated defensiveness toward the physical boundaries of the room as if the walls might contain some clue to the location of the light switch... very likely, the first days in a T Group present a new member with an experience which is certain, paradoxically, only in its uncertainty.

While it is clear how decisive constructivist and constructionist perspectives have recently been for the development of family therapy and narrative approaches, recently several authors have also highlighted their impact on both gestalt therapy (Portele 1992; Fuhr & Gremmler-Fuhr, 1995) and on group dynamics (Schattenhofer & Weigand 1998; Köenigswieser & Pelikan, 1999). A detailed discussion of the connections that may be discovered in a search for parallels between these approaches goes far beyond the scope of a single article. Also, I do not assume that such a discussion would lead to a complete theory of adventure therapy to the exclusion of other theoretical frameworks. However, what seems important is that the theoretical foundations on which these approaches build, whilst emphasising different aspects of therapeutic intervention, seem to be compatible with the philosophy of experiential learning. This compatibility becomes visible with a look at the principles of the 'adventure based learning process', as expressed for example by Luckner and Nadler (1997) and Handley (1998a). In different terms, a similar process of growth is emphasised by the different theories, as illustrated below:

—A need to move beyond a zone of safety, familiarity and comfort (experiential education), beyond automatic functioning (process experiential therapy), or beyond the predominant story (narrative therapy) in which our possibilities of thinking, feeling and acting tend to stay on a conventional level (group dynamics), to chronify (systemic perspective) and end in an impasse (Gestalt) is described.

- Particular attention is given to the creation of challenge, tension and stress (experiential education), to stimulation and evocation of emotional memories (process experiential therapy), to perturbation (systemic perspective), or to externalizing conversations (narrative therapy), an experiment going along with frustration (Gestalt), disturbance and conflict (group dynamics);
- leading to a dis-equilibrium (experiential education), an interruption of old patterns (systemic perspective), an unearthing of positions (narrative therapy), an unfreezing (group dynamics) or re-enactment of old business (Gestalt) and emotional schemes (process experiential therapy);
- requiring a decision (experiential education), initiative (group dynamics), contact (Gestalt), an intense process of experiencing (process experiential therapy) and the deconstruction of old patterns (systemic perspective), or a sparkling moment, leading to a unique outcome (narrative therapy);
- in a critical zone to be described as edge (experiential education), contact-boundary (Gestalt), open edge of awareness (process experiential therapy), ambiguity (systemic perspective), agentive self gap (narrative therapy) and social vacuum (group dynamics).
- Change is seen as a continuous process of moving in the direction of new territory and the associated growth zone (experiential education), towards new attractors (systemic perspective), towards a new story (narrative therapy), or the creation of new meaning (process experiential therapy), a process of open-ended 're-education' (group dynamics), or engagement in a possibly unlimited experiencing (Gestalt).

Placing the above concepts side by side is not meant to imply that they all mean more or less the same. While some concepts do indeed have a great amount of overlap, others can be understood as focusing on specific and sometimes quite different aspects in a common context. What is intended here is to point out that, in the process of establishing adventure therapy, it makes sense to look for connections on a conceptual level between the theory of experiential education and different therapeutic approaches.

Compared to the detailed description of the change process itself, the conditions of change have been given little emphasis in the literature of experiential and adventure education. Interestingly, despite the current consensus among most therapy schools that the quality of the therapeutic relationship is of crucial importance for the outcome of therapy, it can be said that gestalt, as well as family therapy and group dynamics, have neglected a thorough discussion of the relational aspect of therapy for a long time. Only recently has this critical aspect been given a stronger emphasis. For example, in group dynamics, it has become clear that the presence of the trainer is crucial in the sense that participants need him or her to be accessible and, at least to some degree emotionally involved rather than distant while simultaneously refusing to take responsibility for the group's task progress (Nellessen, 1999). Similarly, family therapy and narrative approaches have more recently come to place more emphasis on relational issues, such as the importance of equal support to all participants in the system (Winslade et al.,

1997). Gestalt has been moving in the direction of a more dialogic form of therapy (Yontef, 1998), a move that is most clearly expressed in the priority of relational work over task-oriented work in the theory of process experiential therapy (Greenberg et al., 1993; Watson et al., 1998).

Blindfolds: Hidden Assumptions and Their Ensuing Limitations

Adventure therapy and experiential education, according to the above models, should be considered as open-ended processes. Change can be induced, yet its force and direction can hardly be predicted. Furthermore, the responsibility for change and the ownership of eventual outcomes is clearly attributed to the client. In other words, human development is a self-directed process and therapy can facilitate change rather than impose or control any directions. Yet, the reality of current educational, as well as therapeutic practice, is still strongly influenced by a very different paradigm, which has dominated western culture for a long time. This paradigm could be called the classical scientific paradigm. Reinhard Fuhr and Martina Gremmler-Fuhr (1995:25) refer to it somewhat disrespectfully as 'control-thinking', and characterise it as a view of the world, "in which all living creatures can be understood and analysed in terms of linear cause-effect relations. According to this paradigm the results of those analyses must be measurable, controllable and predictable, and they should lend themselves to direct and rule living processes". Within the realm of therapy, 'control-thinking' has probably been most prevalent in the concepts of behaviourism. While the days of behaviourism, at least in its pure form, seem to be over, the classical scientific paradigm can still be considered to be very powerful in the field of psychology. Most of all, it has established certain patterns of thinking which are essentially non-experiential, yet which we consider as given. Pierre Bourdieu (1998) refers to such patterns as 'doxa'⁴.

'Doxa' are common assumptions, which we see as self-evident or rather aren't even aware of having accepted as basic guiding principles. They are the result of the dominant thinking and of a historical development, but we don't see them as such any more. We simply take them for granted.

Bourdieu (ibid.:118) also states that, "the social world is saturated with requests which are demanding obedience, and are calling for deeply hidden bodily dispositions - without taking the way through our consciousness". In other words, the social world is full of 'doxa', common assumptions which are rarely, if ever, questioned and thus limit the range of perspectives and possibilities we may develop in any given field of understanding and endeavour, including experiential education and adventure therapy.

Our way to understand and structure time may be seen as an example of a 'doxa'. We conceive of time in terms of 'clock-time' as if the according scale would represent something 'real'. In the same way we think in terms of working days and weekends,

45-minutes-lessons and recess in school and other time-units as 'givens', hardly ever reflecting upon their constructed reality. Robert Levine (1999:20), who has researched cultural differences in structuring time, also comes to the conclusion that, "cultural convictions are like the air we breathe. They are so matter of course that they are hardly ever discussed or even articulated". Yet, if we look at the same phenomena from the perspective of another culture, all those 'givens' may look strange all of a sudden. For example, George Lakoff and Mark Johnson (1980:181) state that, "people with very different conceptual systems than our own may understand the world in a very different way than we do. Thus, they may have a very different body of truths than we have and even different criteria for truth and reality". Lakoff and Johnson (*ibid.*) analysed metaphors in our language and came to the conclusion that our thinking is largely guided by culturally created metaphorical concepts, which they refer to as the 'metaphors we live by'. 'Time is money' and 'time-management' would be examples of such metaphors that structure our conception of time.

Language of course plays a crucial role in establishing and maintaining 'doxa'. Thus, we may say that 'doxa' manifest themselves in our language, inducing us to say certain things and think, feel and act accordingly in a given context. Hermann Haken (1987) argues along the same lines when, referring to his theory of synergetics, he mentions language as an example of an order-imposing system into which we are drawn almost irresistibly within our culture. Language apparently allows communication and reduces our possibilities of thinking at the same time. Ludwig Wittgenstein (1977: 79/109) expresses this dilemma most clearly, stating that, "philosophy is a struggle against the bewitchment of our mind through the means of our language". In this sense, therapy could be considered to be a process of helping clients discover their guiding 'action-theories' (Schoen, 1983). Referring to work of Lakoff and Johnson (1980) and Argyris and Schoen (1974), Johan Hovelvynck (1999b) has indeed proposed to see adventure therapy as a process of experiential inquiry into the 'metaphors we live by'. Among others, Paul Stolz (this volume) argues along the same lines, when he emphasises the deconstruction of old narratives and the construction of new ones within the context of the wilderness enhanced program. In other words, adventure therapy could be considered to be an experiential inquiry into the 'doxa' we live by and a quest for options which lie beyond them.

In adventure therapy, when thinking about 'doxa' or limiting restrictions, the association with blindfolds comes to mind. As common as it is to literally blindfold participants in certain activities it may be valuable to consider clients as 'blindfolded' in a figurative sense, that is they are influenced by a variety of 'doxa' that are limiting their capacities to experience themselves more fully and to handle their lives more successfully. Yet, in therapy we are so often occupied with participants' 'blindfolds' and 'blind-spots' that we forget about our own. A consideration of the perspectives from

which we approach our practice increases the chances that we may develop a growing awareness of some of the hidden assumptions which go along with such perspectives, and which are otherwise likely to limit the scope of our professional possibilities. A thorough examination of the therapeutic approaches on which we are drawing in the process of developing a professional practice of adventure therapy may also be helpful to protect us from, a narrow and, thus, a limited approach, as well as an eclectic and, thus, arbitrary practice.

The second part of this paper will examine some of the essential aspects of therapy - definition, questions of qualification, diagnosis, models of intervention, goals and evaluation - in search of 'doxa' we work by. I will argue that an 'experiential' and 'constructivist' perspective on one side, and a 'control' and 'positivist' perspective on the other side, lead to very different and most often opposing views and decisions. Furthermore, while trying to develop guidelines for the professional development of adventure therapy, it may often be tempting to leave the 'experiential path' towards the apparently more reassuring castles that have been erected to maintain a 'control perspective'.

A Critical View of the 'Essential Elements' of Therapy and the Therapeutic Profession

Jenny Bunce (1998), in her keynote speech at the first IATC in Perth, argued for drawing a clear boundary around therapy, thus implying that it might be desirable to also draw such a boundary between experiential education and adventure therapy. The tendency to subdivide the adventure field into clear-cut segments such as recreation, education, development, enrichment, adjunctive therapy and primary therapy (Gass, 1993; Ringer, 1994; Itin, 1998) points in the same direction. The general idea seems to be that within each of these segments a different kind of practice, building on different competencies and using different facilitation styles, is required.

Defining Therapy: A Setting for Learning

Although there can be little doubt that the adventure approach has potential on significantly different levels of depths (Ringer & Gillis, 1995), and that the work with specific client groups requires a certain level of therapeutic competence, the division of the field into such 'boxes of practice' may in a way diminish its potential. So far, the adventure field has attracted people from very different professional backgrounds, such as social work, education, psychology, and outdoor pursuits, and the resulting multi-disciplinarity is an expression of the holistic philosophy that is so closely linked to the experiential approach. A central element of this philosophy is the conviction that education is poor without therapeutic competencies and that therapy is less energetic when detached from a broader context that looks for some kind of transformation in

society. Interestingly, Martin Ringer (1999:4) seems to think along the same lines, when, referring to his earlier schemes of therapeutic competencies, he argues that:

Dividing competencies for adventure leaders into schemes, ranging from recreational to therapeutic work, is clearly unhelpful because it reinforces the view that group work competencies and interpersonal competencies are only required by leaders who work in the fields of human change - that is the areas of enrichment and therapy.

Bunce (1998) also pointed out an alternative to drawing a boundary around adventure therapy when she proposed speaking of the therapeutic implications of the adventure approach. Such an alternative view seems to be very much in line with the title of the 2IATC, 'Therapy within Adventure'. It emphasises that no matter in what context and with which clients we work, there is always therapeutic potential in the adventure, and the question how deep we should dive into this potential basically depends on the client's goals and the facilitator's ability and confidence to work at an according level of depth, not so much on any pre-established label. In terms of the model presented by Gillis and Priest (this volume), one might say that most approaches to defining adventure therapy have been oriented too exclusively towards the classification of client populations, thereby implicitly downplaying the therapeutic competencies required and the therapeutic potential inherent in educational settings.

It is my understanding that, wherever we are working with the experiential adventure approach, we are promoting learning. Therapy can be seen as a special and powerful setting for learning, a setting that allows for deeper levels of learning and change. Learning too, whilst an entirely holistic affair, has been rigorously divided into 'boxes' such as academic education (subdivided again into many distinct subjects), social learning, prevention programs (for health, against drug abuse, against violence etc.) and therapy. It is often no longer understood as the wonderful process by which humans interact with the world and with each other, whereby they discover new perspectives of understanding and developing new possibilities of action.

Gregory Bateson's (1981a) model of different levels of learning might cast some light on the connection between learning and therapy. When we think of learning, we usually think only of what Bateson calls 'learning 1', which, simplified, includes most forms of content learning. We may also think of 'learning 2', that is the learning of strategies, structures of thinking and habits, a learning that clearly is linked with personality traits. Bateson's conception of 'learning 3' goes even further, in that it is basically concerned with the reassessment of established strategies, structures of thinking and habits. In other words, 'learning 3' describes much of the process which, when explicitly put into a certain professional context, is called therapy. Education, at least in its institutionalised forms, has narrowed the scope of learning almost exclusively to teaching content and is also focusing heavily on cognitive learning, neglecting emotional as well

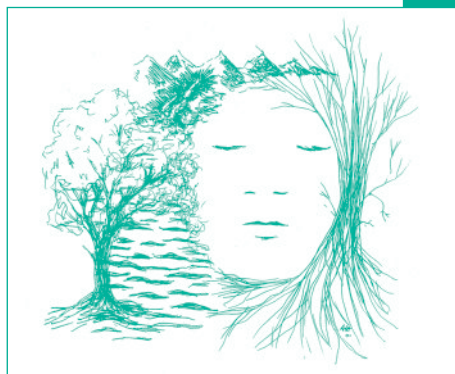
as psychomotor aspects. Experiential and adventure education have mostly countered this tendency. Cultivating and increasing the therapeutic potential within adventure, instead of delegating it to the domain of therapy, could thus be an important step in the process of the establishment of a truly different learning culture.

Professional Qualification: Magic or Expert Knowledge?

I have argued so far that adventure therapy is essentially about learning. Yet, there is still another perspective, according to which the adventure approach is about magic. Ray Handley (1998b), for example, has argued that there lies some magic in the synthesis of adventure and therapy and that we may never be able to scientifically explain all of that mystery. Such a view of course is in sharp contrast to the common academic endeavour of describing and explaining practices in the field. It is also in sharp contrast to the usual way of defining expert knowledge that is required for competent practice. Thus, the metaphor of magic may be helpful for challenging the view of the therapist as an expert, who gains legitimacy exclusively through a process of formal education and corresponding qualification schemes. As a matter of fact, there are good reasons to question the perspective of a linear connection between formal qualification and good practice in the realm of therapy. First, as major parts of therapeutic qualification have been delegated in many countries to private institutions that form their identity around certain therapeutic traditions, qualification schemes are most often based on the concepts of a single therapeutic approach. These schemes, therefore, only draw upon a limited part of the knowledge and skills that have been developed in the field of therapy as a whole. Clearly, any single therapeutic 'box' and the corresponding perspective prove too small and too limited to provide an adequate picture for all possible therapeutic phenomena and questions.

A second point is also closely related to the structure in which therapeutic qualification seems to be embedded in most places. Institutional curricula do not only serve the needs of those who want to qualify, but are always at least to a certain degree in the interest of the qualifying institutions. Money and status is at stake for those with the privilege of being considered as 'qualified'. Consequently, qualifying institutions in time often develop hierarchical and rigid structures and may become 'church-like', as Simon (1999) has indicated in the case of psychoanalytical institutions. Qualification is always in part a question of power, and in this sense the belief that clearly structured schemes lie at the heart of therapeutic qualification may be considered as a classic 'doxa', blinding us to the traps of such a formalisation.

A third critical aspect of formal qualification is the belief that therapeutic competence can be subject to objective evaluation. Such an assumption is clearly not compatible with a constructivist perspective. 'Objective' assessment from this point of view can at best be seen as an illusion. From yet another perspective, Ringer (1999:2) points out



Drawing upon papers presented at the Second International Adventure Therapy Conference, this text presents some of the current international debates on the theory and practice of adventure therapy. It provides a set of

rich and thought provoking papers that examine the ways in which the 'outdoors' and 'adventure' can be used as process for therapeutic change and healing. In its search for the 'therapy within adventure' it tackles a range of philosophical, professional and practical issues that the field is currently faced with. It addresses the differences between therapeutic adventure and adventure therapy. It draws upon theories of change both from outdoor adventure and psychotherapy perspectives. It examines different clients needs in applied outdoor settings. It questions its professional frameworks and it interweaves adventure and therapy in its search for a unique identity. Overall, it maps out new terrain on the journey of widening and enhancing quality adventure therapy practices across the world.



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