

THE NATURE FIX LEARNING TRANSFER



SERIES

THIS SECOND ARTICLE OF THE NATURE FIX SERIES EXPLORES WHAT THE LONG-TERM EFFECTS OF WILDERNESS THERAPY ARE AND HOW THEY CAN BE ENHANCED



AUTHOR
Dr Jenni Myers

Jenni Myers, founder of The Nature Mind, has a PhD in Psychology gained through researching Wilderness Therapy, an MA in Interdisciplinary Psychology, and a BSc (hons) in Psychology. She also has an NLP Master Practitioner Certificate, a Certificate in Counselling and has a fascination with people's relationship with nature.

A widely accepted definition of wilderness therapy is that it 'involves the use of traditional therapy techniques, especially those for group therapy, in out-of-doors settings, utilizing outdoor adventure pursuits and other activities to enhance growth' (1, p. 13). Research suggests wilderness therapy can promote personal and social development, increase self-esteem, decrease aggression and anxiety, and promote discipline and cooperation (1). Davis-Berman and Berman's (1) Systems Theory suggest that wilderness therapy works through providing an alternative system to the dysfunctional system individuals may experience in their home lives. However, this presents a problem for participants of residential wilderness therapy as following the conclusion of the programme they will return to the family system where their old, prior behaviours may be reproduced and supported.

To gain a better understanding of how the positive effects of residential wilderness therapy can be maintained once a participant has returned to their home environment, Davis-Berman and Berman (2) conducted a study which revisited participants of a wilderness trip two decades after their initial experience. Four participants were interviewed with specific focus on why they took part in the trip, their reflections on the trip and things that had happened in their life following the trip. Most of the participants agreed that the trip came at the right time in their lives, specifically because it was at the point in which they were ready for change. Additionally, even though the participants believed the trip to be an important event in their life, they did not believe it was life changing. However, they did explain that they had learnt lessons which helped them cope with events in their life. Davis-Berman and Berman concluded that the trip did not protect the participants from the challenges in life, but helped them deal with them better.

Davis-Berman and Berman's finding that participants did not feel the programme to be life changing highlights a common problem within wilderness therapy. This problem stems from the inability of participants to integrate what they have experienced during their residential programme back into their everyday lives, thus not sustaining their physically and mentally healthier state. Importantly, this is not the only research to highlight this problem. In a study looking at the restorative effects of nature for people living in Sweden, suffering from stress-related

illnesses, Nordh et al. (3) found that even though participants enjoyed the experience, they were disappointed that there was nothing in place for them following the programme. Despite displaying initial improvements in stress and wellbeing, their quality of life decreased following the programme, with increased anxiety and depressed mood. Nordh et al. attributed this to confusion about the future and political change within Sweden, suggesting that the programme had not given the participants the skills needed to integrate the positive experience back into their everyday life.

In response to this issue, we might focus on an example of one aspect of the wilderness environment which is argued to promote a positive change in participants of wilderness therapy. This is the restorative effects of nature. Kaplan and Kaplan's Attention Restoration Theory (4) argues that the wilderness environment is a restorative environment which is important in aiding recovery from mental fatigue. The mechanism at the heart of this is the wilderness environment which promotes a switch from a direct form of attention to an involuntary form of attention due to its ability to invoke fascination. When we switch to an involuntary mode of attention our capacity for direct attention can be restored and mental fatigue is recovered from. If the restoration of mental fatigue can be maintained upon return to one's home environment, there may be fewer cases of regression in symptoms.

It is argued (5) that meditation has similar effects on an individual to those seen in individuals spending time in natural restorative environments. To explore this further, as part of my PhD research, I designed, delivered and evaluated a wilderness therapy programme built on the model of using meditation to enhance the participants relationship between themselves and nature. By experiencing the meditative practices, the participants were gaining tools which they could take away from the programme and back to their everyday lives, thus enhancing the integration between the two. For the participants, these tools helped them deal with difficult feelings and emotions and acted as a method of grounding themselves and feeling calmer, or as practices to help them keep a balance within themselves. Participants who were interviewed following their participation in the programme all talked of how these tools would continue to influence their lives, thus suggesting that they had used them to integrate the experience. Therefore, despite returning to the environment which supports their unhealthy behaviours, they now had a means of reconnecting to their experience of the residential wilderness therapy programme and had the ability to draw upon the practices which nurtured their identification with nature and the positive effects this had for them.

A full understanding of the impact that meditation methods had on the participants' lives was not achieved until the six month follow up interviews. During these interviews it became evident that despite initially having a positive impact upon the participants' lives, it was not something which they were able to maintain. The main reason for this appeared to be not having the time for, or prioritising self-care, thus not having time to engage in the meditation practices which they had learnt and returning to the situation they were in prior to their participation in the programme. This does not mean that the programme was not valuable to the participants, as they identified it as being significant to their development. However, because they were not able to make the time to continue to reflect upon their experience and how it relates to their lives, the potency of the experience loses its significance. This suggests that it may not be the perceived disconnection from the natural environment which is responsible for participants' inability to maintain the positive improvements gained through a wilderness programme. Instead, it may be their removal from an environment which gives them

the time and space to reflect upon themselves. Should the participants have been able to find the time to continue to utilise the meditation practices, they may have been able to maintain the positive improvements which they experienced.

These findings corroborate a trend in wilderness therapy research that although participants can be given the skills to improve their outlook, upon return to their home environment they eventually return to their old behaviours. Nordh et al. [3] suggest the reason for this is participants not being given the skills to integrate their experience back into their everyday life. However, findings from this study would suggest that the reason the participants were unable to maintain the change is because they could not find the time and motivation to engage in the practices which they have been given to help them integrate the experience. This can also be explained by Davis-Berman and Berman's [1] theory which suggests that participants of a wilderness programme struggle to maintain improvements because they return to an environment where destructive behaviours – such as not making time to look after oneself – are supported. Therefore, as well as participants being given tools to help them integrate their experience, further aftercare is required to help them engage with these tools. This proposal is supported by the research carried out by Bettmann [6] which found that positive effect was maintained by participants of a wilderness therapy programme when they were given aftercare. These findings also highlight the importance of a suggestion made by Berman [7] that research needs to be directed to finding a way to motivate people to engage in an activity which may be beneficial to them, such as taking a walk. This is particularly important when looking at the treatment of illnesses such as depression which may make it particularly difficult for a person to motivate themselves.

In the next issue, I'll be looking at the key ingredients of wilderness therapy and how they can be used to develop positive and affective experiences in the outdoors ▲

NATURE ON YOUR MIND?

[Click here to check out Jenni's purpose built resource, The Nature Mind, and get in touch with her for more information.](#)

REFERENCES

1. J. Davis-Berman and D. Berman, *Wilderness Therapy: Foundations, Theory & Research*, Dubuque: Kendall/Hunt Publishing Company, 1994.
2. J. Davis-Berman and D. Berman, "Reflections on a trip: Two Decades Later," *Journal of Experiential Education*, vol. 3, 2012.
3. H. Nordh, P. Grahn and P. Wahrborg, "Meaningful activities in the forest, a way back from exhaustion and long-term sick leave," *Urban Forestry & Urban Greening*, vol. 8, pp. 207-219, 2009.
4. R. Kaplan and S. Kaplan, *The Experience of Nature: A Psychological Perspective*, Cambridge: Cambridge University Press, 1989.
5. S. Kaplan, "Meditation, restoration, and the management of mental fatigue," *Environment and Behaviour*, vol. 33, no. 4, pp. 480-506, 2001.
6. J. Bettmann, K. Russell and K. Parry, "How Substance Abuse Recovery Skills, Readiness to Change and Symptom Reduction Impact Change Processes in Wilderness Therapy Participants," *Journal of Child & Family Studies*, vol. 22, no. 8, pp. 1039-1050, 2013.
7. M. Berman, E. Kross, A. Krpan, M. Askren, A. Burson, P. Deldin, S. Kaplan, L. Sherdell, I. Gotlib and J. Jonides, "Interacting with nature improves cognition and affect for individuals with depression," *Journal of Affective Disorders*, vol. 140, no. 3, pp. 300-305, 2012.

IMAGES

Images have been sourced from pxhere.com. Photographers retain copyright.