

Wilderness Therapy: An Alternative Treatment for Adolescents

Stacy B. Shaw

University of California, Los Angeles

Abstract

Clinical research has overwhelmingly suggested that wilderness therapy may be used to successfully treat adolescents for a variety of psychological and behavioral problems. Researchers do not know definitively which aspects of wilderness therapy are fueling such success compared to traditional treatment programs. Potentially positive aspects include: close relationships between participants and therapists and/or counselors, a small group living environment, physical and emotional challenges, the use of experiential education, solos, and the wilderness itself. More research needs to be conducted to determine if the presumed benefits of these features are consistently successful across programs, what other unidentified features are beneficial and/or essential for success, and how these aspects could be integrated into standard adolescent treatment in a standard clinical setting.

Wilderness Therapy: An Alternative Treatment for Adolescents

Wilderness therapy is a popular and compelling method of treatment for adolescents with a variety of psychological and behavioral problems. This form of treatment has been used as an alternative to traditional psychotherapy and/or institutionalization. Also referred to as adventure therapy, wilderness therapy is defined by the use of therapy in a wilderness environment, recreation, and experiential education in the psychological treatment of patients. Research has overwhelmingly confirmed that wilderness therapy is a successful treatment for adolescent clinical populations and may be more successful than traditional treatment programs (Cason & Gillis, 1994; Hans, 2000; Hattie, Marsh, Neill, Richards, & Garry, 1997; Sveen and Denholm, 1997; Williams, 2000). Researchers have only just begun to examine which aspects of wilderness therapy are fueling such success. Additionally, further study is needed to determine how wilderness programs can be structured to best serve patients and how traditional therapy can utilize successful methods used in wilderness programs.

History of Wilderness Therapy

In the United States, the emergence of wilderness therapy in 1901 was nothing more than an accident. Due to overcrowding, the New York Asylum for the Insane was forced to set up tents on its lawn to house the overflow of psychiatric patients. Five years later, overflow patients of San Francisco's Agnew Asylum were also pushed into outdoor tents. Patients in both "tent therapy" sites benefited from the fresh air, small groups interaction, and greater staff to patient ratios and subsequently showed unprecedented rapid improvement (Caplan, 1974).

Unfortunately, the newfound improvements were short lived as the asylums' overcrowding was addressed and patients were moved back inside. It was not until the 1940s that wilderness therapy reappeared. At that time, Kurt Hahn founded Outward Bound, a program based on

experiential education and outdoor recreation as a means of building self-esteem and positive group interactions (Hans, 2000). Participants continually reported that their experience with Outward Bound brought about noticeable emotional and psychological benefits. Soon after, formal wilderness treatment programs for clinical populations emerged.

Today, multiple wilderness therapy programs exist but vary in duration of treatment and types of therapy techniques. This review will focus on long-term residential wilderness programs for adolescents that include psychotherapy by licensed clinicians. In such programs, participants engage in physical activities such as backpacking, rock-climbing, or kayaking while living with a small group of other adolescent patients and instructors in a wilderness setting. Instructors facilitate group processes and activities and licensed therapists, who either live with the group or come to the field periodically, offer individual and group psychotherapy.

Literature Review

The Effectiveness of Wilderness Therapy

Currently, structured therapeutic programs target adolescents with depression, conduct problems, substance abuse, and defiance of authority. Such programs have shown marked success in treating these problems as compared to traditional treatment (Williams, 2000). Researchers have “Regularly claimed that adventure therapy in a wilderness setting is a more effective option when compared to treatment provided in institutional settings” (Williams, 2000, p. 51). Hans (2000) recently conducted a meta-analysis to measure the effectiveness of wilderness therapy programs. Specifically, he measured patient’s Internal-External Locus of Control, which gauges how much control a person attributes to internal or external forces. Hans (2000) found that wilderness therapy programs increase internalization of control in participants. Similarly, Sveen and Denholm (1997) found that participation in a wilderness-based program

increased self-esteem and self-actualization in participants compared to a control group. Cason & Gillis (1994) and Hattie, Marsh, Neill, and Richards (1997) also conducted meta-analyses of preexisting research and concluded that adolescent participants in adventure therapy showed marked improvement on various behavioral and emotional scales. Marx (1988) even claims that, “Traditional treatment techniques and settings often are inappropriate for the needs of adolescent” (p. 517). Collective research suggests that wilderness therapy is an effective treatment for a wide adolescent clinical population, and researchers have identified some specific benefits. Although hypotheses will be reviewed, the question of why wilderness therapy is more successful than standard clinical treatment is still largely unanswered.

Successful Features of Wilderness Therapy

Close Relationships between Participants and Therapists and/or Instructors. The relationship between patient and therapist is important to any therapeutic outcome. Russell & Phillips-Miller (2002) hypothesize that the intense bond formed between instructor, therapist and student is one of the reasons for wilderness therapy’s success compared to traditional treatment. Wilderness program staffs differ in several fundamental ways from institutional staffs. First, wilderness therapy instructors live with participants twenty-four hours a day, whereas traditional/institutional therapists generally do not live with patients. This allows for participants to work through transference issues faster and allows counselors to observe participant behavior in a continuous manner (Marx, 1988). Constant interactions between participant and counselor permit counselors to address problems and solutions more immediately than in an institutional setting (Harris, Fried & Arana, 1995). Furthermore, counselors become more approachable as participants have the opportunity to observe staff members in a variety of “real-life” settings and a symbiotic relationship can develop (Gillis & Gass, 1993). Gary Ferguson (1999), who wrote

about his experience as an instructor for the Aspen Achievement Academy, explained that the success of one particular therapist was due to, “Her willingness to huddle under the tarp in a downpour, or dine with the kids on a few bites of burned beans at ten o’clock at night” (p. 67). Consequently, “Even those who say they hate therapists... trust her” (p. 67). Longer-term relationships and frequent interactions provide a solid basis from which trust can be built and maintained.

Small Group Living Environment. Intense small group interactions also contribute to the success of wilderness therapy (Gillis & Gass, 1993; Russell & Phillips-Miller, 2002).

Participants must work together with their peers and instructors to accomplish group goals (Williams, 2000). Good working relations need to exist between participants in order for group activities to run smoothly. Working together at a common task toward a common goal helps break down barriers so that group members can work through important interpersonal problems without the burden of facades. Although the reason is unknown, Russell & Phillips-Miller (2002) noted that in wilderness treatment, students spent less time telling “war stories” and more time dealing with their issues.

Another important factor for success is that patients cannot escape the group with which they live. Adolescents who participate in wilderness therapy programs, like most adolescents in general, find it easy to avoid people and problems in the complex modern society in which they live. Parents are at work all day and when they are at home, it is easy to escape to another room, a friend’s house or even just into the TV or Internet. On the trail, the small group to which a participant belongs is literally in his or her face twenty-four hours a day. It is much harder to run away from issues or people (Ferguson, 1999). “Kids who’d come to lean on some rather lame coping skills- hiding from people they didn’t like, distracting themselves from important issues-

ended up for the first time in their lives having to come up with alternatives” (Ferguson, 1999, p.88). Everyday problems are not the same in the front and backcountry, but patients still bring fundamental issues that underlie these problems to the wilderness. Therapists note that problems generally surface in the backcountry in a much more tangible and visible form and a lot more quickly than in an institutional setting (Ferguson, 1999).

Physical and Emotional Challenges. Wilderness therapy programs boost adolescents’ self-esteem by creating challenging environments in which participants can find success (Williams, 2000). Challenging activities such as backpacking or making a bow drill fire, besides being physically difficult, are mentally taxing and force participants to face fears and self-made limitations. Successful completion of an activity that at first seems impossible is inherently rewarding, especially for adolescents who value independence and self-reliance (Williams, 2000). Additionally, adolescence is a time of experimentation, testing the limits of oneself and one’s environment. Unfortunately, in the home environment, these risks include such things as drugs, sex, or violence (Williams, 2000). In the backcountry, staff can provide adolescents with safer and healthier but still exciting and challenging alternatives.

Because outdoor environments are often unpredictable, participants must acquire adaptive skills in order to succeed. As patients experience novel environments and situations more frequently, these situations become less threatening. In addition, participants learn new problem solving strategies and coping skills by observing how their instructors deal with the same circumstances. As participants learn to adapt to their environment, they also learn that they can change certain aspects of their environment and themselves to better cope with life’s challenges (Russell & Miller, 2002).

On the whole, challenges and their solutions are often used as metaphors in wilderness therapy (Russell & Miller, 2002). A major goal for participants is to seek solutions to the challenges they confront in the wilderness and to use their newfound problem-solving skills to deal with challenges they confront at home.

Experiential Education. Wilderness therapy is based on an experiential learning process (Ferguson, 1999). Experiential education adopts a philosophy that people learn better by being actively involved in the learning process. Instead of reading a book or listening to a lecture about a subject, students acquire hands on experience in experientially based programs. By engaging more than visual or auditory senses, educators hope to enhance the learning experience. Such techniques have proved successful in all forms of education, including wilderness therapy. The adage, "Tell me, and I will forget. Show me, and I may remember. Involve me and I will understand," sums up the educational philosophy of wilderness therapy programs.

In many therapeutic settings, counselors teach participants coping and problem-solving skills. In traditional therapeutic settings, participants are often expected to learn skills in therapy and then change their behavior outside of therapy. In wilderness therapy settings, on the other hand, participants can use their newly acquired skills immediately and under the observation and guidance of the instructors (Ferguson, 1999). Furthermore, skills taught and methods of teaching can be tailored to the specific needs of the participants. It seems then that wilderness therapy instructors and clinicians may have a more holistic view of each participant and, therefore, may have more information with which to develop therapeutic strategies.

Solos. Participants of many wilderness therapy programs are required to complete a "solo". A "solo" is an extended period of solitary time, sometimes lasting for multiple days, in which each participant remains in one location and cares solely for his or her own basic needs.

During this period, participants are encouraged to reflect on both their physical and emotional lives. The adolescents interviewed by Russell & Phillips-Miller (2002) reported that solos were an important and beneficial part of their therapeutic experience. One of the participants said, “On the solo, I had, you know, me and 20 square feet or whatever and that was all I had was my problems, so I faced them, dealt with them” (p.427).

The Wilderness Itself. The reasons for the success of wilderness therapy noted above are consistent with accepted psychological theory, but there is more to wilderness therapy than psychological and social forces. It is hard to explain why people feel an uncanny sense of ease in sharing stories, problems, or mysteries around a campfire. Or why, “On one particularly rainy morning... a desert phlox, the sound of a morning dove, would bring a kid to tears. Why a stray comment made on the side of a mountain can change a life” (Ferguson, 1999, p. 91). As Williams (2000) notes, just being outside has a powerful therapeutic effect, possibly because adolescents are not constantly reminded that they are in therapy. Nature has humbling and insightful forces that can be used as an effective therapeutic tool.

Conclusion

Wilderness therapy programs have important societal implications and could potentially help thousands of troubled teens that have been in and out of traditional therapy, therapeutic boarding schools, and jail. In fact, the number of adolescents who could benefit from wilderness therapy is staggering. It is estimated that one out of every five young persons has a mental health problem, two-thirds of whom are not receiving effective treatment, and as many as one out of every 33 adolescents is suffering from clinical depression (Conner, 2000). Furthermore, juvenile detention centers in the United States are filled with adolescents who have been

unsuccessfully treated in conventional treatment programs, wasting valuable taxpayer dollars.

Wilderness therapy may provide a more effective treatment for adolescents.

Even though participants and staff members of wilderness therapeutic programs could list many reasons why wilderness therapy is effective, anecdotes do not suffice. Further studies need to be done on wilderness therapy, including a more rigorous investigation of specific program components (including those discussed above) that make wilderness therapy successful. Results of such studies could facilitate the development of improvements on current wilderness therapy programs, as well as provide a solid basis for integrating successful features of wilderness therapy into more traditional clinical treatment programs.

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