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Practitioners Views on Nordic Outdoor-Based Therapy

Practices and Experiences

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Summary

This master's thesis examines outdoor-based therapy professionals' practices, experiences and understanding of outdoor-based therapies in the Nordic countries. The study is qualitative and inspired by phenomenological research. The research concentrates on studying the methods, current practices and experiences of therapists and is framed by existing theory from the field of outdoor-based therapy research. The research is aimed at understanding the experiences and meaning of the phenomenon rather than creating generalised knowledge.

The data of this thesis was gathered by a thematised open interview. Informants were recruited through Nordic outdoor and adventure therapy networks and selected by the criteria defined in this study. Five interviews were carried out during spring 2018. These interviews give insights into the informants' practices, experiences and understanding of outdoor-based therapy. The informants identified themselves as outdoor-based therapy practitioners, were working in a Nordic country and were using outdoor-activities in their practice. Four out of the five had over five years of working experience in the field. The research included three men and two women in the age range of 29-55-year-olds, each representing a different Nordic country. They had variable educational backgrounds from the social and health sectors. In addition, they hold training in outdoor and adventure activities and applications. Interviews were transcribed during autumn 2018. The data was analysed by thematising it under the categories of practice, experience and understanding of outdoor-based therapies.

The used theoretical framework considered already existing studies from the field of outdoor-based therapies around the globe, concentrating primarily on Nordic countries. Adventure, environmental and outdoor education theories were included in the research because of the narrow literature of the field of outdoor-therapy and due to its historical roots in education. Additionally, this master thesis draws on lectures, network meeting and discussions among practitioners presented in seminars in the Nordic countries during the years of 2016-2019. The researcher's own educational and professional history in the field of study targeted the direction of the work.

The research results of this study show that outdoor-based therapies are practised in various ways in the Nordic countries and contain influences from Adventure and Outdoor Education and Therapy, Wilderness Therapy, Experiential Learning, the Nordic Outdoor Life and Japanese Forest Bathing. None of the outdoor-based therapies are legalised forms of therapy hence, anyone could provide an outdoor-based therapy practice without being a certified therapist. Furthermore, practices are often provided based on the practitioners' personal interest and beliefs towards the intervention as there are no strictly defined requirements for the practice yet. However, therapeutic and ethical aspects are seen to be important including practice design, goal setting and answering the defined client needs by adapting the practice for each individual client in order to drive positive change in the client's situation. Even when the currently used frameworks differ, similarities could be found in the outdoor-based therapy ideologies. It seems that the natural environment, connection to nature and nature's health benefits are in the core of the Nordic outdoor-based therapies. Furthermore, nature appears to own a role of a co- or main therapist in the Nordic outdoor-based therapy intervention. Additionally, outdoor-based therapies are used as a group modality, they were action-centred and carried out in the nearby environment. Most often, one group session lasts from three to six hours, and one group gets together several times regularly over months.

The results of this study are not generalised due to the nature of the conducted qualitative research. Further research is necessary in order to provide additional evidence of outdoor-based therapies in the Nordic countries. Nevertheless, the findings are informative, and they have transferable elements to the professional discussion of outdoor-based therapies.

1. Introduction

Outdoor environment, living relationally with nature and the calling for adventure has always been a part of humans' life. This relation has provided shelter and supplies for living (Soikkanen 1979, 12; 28-29; Nieminen 1999, 70-71), offered spiritual connection (Simula 2012, 33; Gelter 2000, 78) and given a stimulus in the form of physical activity (Mensah, Andres, Perera & Roji. 2016, 152) as well as in the sense of an adventure (Quinn 1999, 149-150; Csikszentmihalyi & Csikszentmihalyi, 1999, 153). Humans' life as we know it nowadays is just a blink of an eye if we consider the time before agriculture and technological revolution when life was tied to nature. Yet, according to United Nations, 54,4% population were living in cities in the year 2016 (UN 2016) and at the same World Health Organization reports that the time spent outdoors is decreasing in Europe as citizens are spending approximately 90 % of their time indoors (WHO 2013). United Nations predicts that in the year 2030, already 60 % of the population is living in cities because of growing industrialism and mass moves towards cities (UN, 2016).

However, at the same time, a new wave recognising the importance of nature is rising. As there are more and more discussions around the global crisis of climate change, the importance of our outdoor environment also gains more attention and interest in the media worldwide. Besides the topics of sustainable living and maintaining an ecological balance, there is now a growing interest in outdoor environments' health benefits for holistic wealth in the form of nature's healing elements.

Studies show that decreased connection of humans with blue and green spaces is influencing the holistic wellbeing of humans. To add, the lack of meaningful physical activity is causing problems with obesity, cardiovascular and musculoskeletal diseases, strokes and cancers and raises the incidences of chronic age-related diseases as well as shorten our life span (Mensah et al. 2016, 152). Spending time in nature, then again, has been shown to decrease blood pressure, pulse, cortisol levels and muscular tonus (Wahlström 2008, 9; 65; Frances 2006, 182; Capaldi, Passmore, Nisbet, Zelenski & Dopko 2015, 3). Being physically active in the natural environment has a positive effect

on the immune system and resilience towards illnesses (Capaldi et al. 2015, 3) and increases vigour and energy levels (Frances 2006, 182). Furthermore, nature improves neurological and physiological wellbeing and decreases depression, strengthens self-esteem and reduces challenging emotions such as anger and aggressiveness (Wahlström 2008, 8-9). The natural environment also increases the capability to concentrate and provide improved attention later on and offers a possibility for a human-nature connection, shown to increase psychological wellbeing (Capaldi et al. 2015, 2-3.) and provide pleasant aesthetic experiences (Wahlström 2008, 9). The wilderness can be found as a powerfully restorative place by providing enjoyment and experience of tranquillity (Fernee Gabrielsen, Andersen & Mesel 2017, 120). Nature connectedness is also associated with humanitarianism, social wellbeing, kindness, empathy, altruism and the ability to gain new perspectives (Capaldi et al. 2015, 6). The connection with nature and its health benefits have been researched widely around the globe for decades, and some countries have even taken nature as a prescribed treatment. In Scotland, nature can be prescribed, for example, for anxiety, high blood pressure and depression (NHS Shetland 2018).

Alongside nature's health benefits are action-centred therapeutic interventions carried out in an outdoor environment. These interventions are utilising the profits from the natural environment and combining these with the use of meaningful, engaging activities in therapy work. These interventions have several names such as Adventure Therapy, Wilderness tTherapy or Outdoor Therapy. The aim is to involve the participant in meaningful ways and under natural consequences to create positive change in participants' present and future function. (Gass, Gillis and Russell, 2012, 4-6.) These interventions are relying on the humans' innate need to be active, do meaningful actions for their own sake (Finlay 2004, 40; Kielhofner 2008, 5) and to feel the enjoyment of uncertainty and curiosity (Csikszentmihalyi & Csikszentmihalyi, 1999, 153; Miles & Priest 1999, 322).

However, systematic research and policy making among outdoor environments' and activities' health benefits is still missing in social and health sectors. This lack, especially in the field of rehabilitation and therapies, is evident, and validation from

national authorities is missing, potentially caused by the wide variability among the approaches and from the lack of ethical codes. This is familiar with developing methods and new implications (Richards 2016, 252). Based on researchers' personal experiences, this recognised the uncertainty and lack of knowledge is also present among practitioners. When visiting adventure and outdoor therapists around Europe, the same question around the definition of the methodology often arises: *What is an Adventure or Outdoor Therapy*? Professionals seem to create their own answers for this question which somewhat overlap but also differ from one another – one practitioner might concentrate on the adventurous challenge while another is having an emphasis on stress-reduction through forest baths.

The year 2016 saw a growing interest in adventure and outdoor -based therapies in the Nordic Countries. National and cross-nordic networks were established, and practitioners gathered together. The same wonder towards the field maintained and discussion around of lack of guidelines and definitions were active. The first step to answer this was that The Nordic Network changed its name from "*Nordic Adventure Therapy and Outdoor Education Network*" to "*Nordic Outdoor Therapy Network*". With this change, the desire was to recognise that the network has a focus on the therapeutic side of adventure and outdoor interventions and that it includes all the therapy forms conducted outdoors, in addition to just the adventurous ones. (NOTN 2017.) This discussion was the starting point for this thesis aiming to provide a single view on what the practitioners experiences of this diverse field in the Nordic countries are and to provide one aspect to this question. Based on this knowledge, it is evident that the field of outdoor-based therapies needs further research.

Nordic countries hold a strong tradition of living with nature. Scandinavia calls this tradition *friluftsliv* and Finland *erä-tradition.* These traditions have had their influence on the practised adventure and outdoor education and therapies (SamiSoster 2014, 17; Green Care Finland 2018; Fernee, Gabrielsen, Andersen & Mesel 2015). Still, even with this history of outdoor life traditions, outdoor-based therapies are a new concept and they have narrow professional use. Besides traditional outdoor life, outdoor-based therapies have influences from the German *Erlebnispädagogik* and the Anglo-Centric

Adventure and Outdoor Education. These have been influential to Nordic outdoor-based therapies as well. Currently, outdoor-based therapies are used in various professional fields such as rehabilitation centres, private sector, in clinical hospital environments as well as in social work (Fernee et al. 2015, 116; Karppinen & Latomaa 2015, 47; Mariager, 2015).

In the Nordic countries, all outdoor-based therapies are included under one term. This includes various professions and various applications. (NOTN 2017). The variation is causing a broad terminology which is continuously transforming. Sometimes all the applications are used as synonyms and at times, professionals are strict with the differences (Karppinen & Latomaa 2015, 47.) Following chapters will conceptualise terms under three different central concepts of outdoor-based therapies in the Nordic countries.

1. ***Friluftsliv* and *Erä-tradition* are based on the ancient way of living with nature.**
Friluftsliv describes a philosophical tradition of outdoor and nature life (Gurholt 2016, 288; Mytting 1994, 43) whereas *erä* refers to the way of life living with nature (Soikkanen 1979, 12). These traditions are focusing on living with nature and wandering in it. Earlier roaming was aimed at finding essential supplies or better residential areas for families and communities to survive from the basic living. (Soikkanen 1979, 12; 28-29; Nieminen 1999, 70-71). Nowadays *friluftsliv* and *erä* approaches include free time activities carried out in natural environments in different forms of physical activity, connectedness with nature and simple style of living (Simula 2012, 33; Soikkanen 1979, 28-29; Gelter 2000, 80; Beery 2013, 94-95).

2. **Adventure and Wilderness Therapy are the most commonly used terms to define treatments which include adventurous or outdoor-based activities**.
English professional literature uses Adventure Therapy as an umbrella term for outdoor and adventure-based therapeutic programs. At the same time, Adventure Therapy is used as a term for implications focusing to the challenge, high risk-taking and the ability to contribute to the top experience for the participant which can be carried out in a relatively short period of the time (White 2012, 19). In turn, Wilderness Therapy is a

term for long-term intervention where the activity is not aimed at gaining one or two top experiences, but more likely at living long-periods of camping life, which can include various adventurous acts (Davis-Berman & Berman 1999, 367). Both approaches are aiming at starting to the change a person's view about oneself, to challenge one's worldview and seeking to enhance the inner potential by empowerment through action (Davis & Davis-Berman 1999, 368).

3. **Wilderness Therapy can be also related to nature-based interventions. These interventions rely on an understanding of nature's health benefits.**

Eco-psychological theories are highlighting nature's healing power through the human's deep and vivid connection with nature (Walhström 2008, 1; 2-5). The approach takes into consideration people's wellbeing needs for interaction with green and blue places as otherwise, the human's mental, social and physiological performances are in danger of descending (Wahlström 2008, 2-5).

Outdoor-based therapies can be challenging to define. This study will use the term outdoor-based therapy. In literature, Adventure Therapy, Wilderness Therapy, Nature Therapy, and Outdoor Therapy are often used as synonyms (Gillis & Ringer 1999, 30). In addition to this, often, educational applications are counted as the same practice as therapeutic or therapy practices (Karppinen & Latomaa 2015, 47; Räty 2011, 17). In this study, the term outdoor-based therapy is used to include all therapy approaches, which are carried out outdoors or/and by using natural elements by excluding the education. The term was chosen to cover and answer to the need to clarify the approaches and practices which are used in Nordic countries.

This research is aiming to provide one standpoint of outdoor-based therapies in Nordic countries by presenting experiences and practices from professionals. The study will concentrate on clarifying the broad terminology among outdoor-based therapies. In addition, the study will open the history of outdoor life and the influence of education traditions to Nordic outdoor-based therapy approaches according to already existing theories and by open interviews with the informants.

In the following chapter, the research questions are explained more precisely and the used research methods will be introduced. Following this, the third chapter provides a history review among outdoor-based applications in the Nordic countries and clarifies the terminology among therapy. Chapter four will concentrate on the conducted interviews and on a thematic data analysis. In chapter five, the results of the study are introduced, followed by chapter six discussing the implications of these results on theories.

2. The aims and the significance of this study

A starting point for this study has been the need to clarify the frameworks among Nordic outdoor-based therapies. The demand for this has been raised in the cross-Nordic and national networks, especially after the year 2016, when practitioners started to discuss the need for structuring the field. The discussion has been active also in terms of making a difference between adventure and outdoor education and adventure and outdoor therapies.

This study aims to represent experiences and practices on how professionals are carrying out outdoor-based therapies in the Nordic countries by clarifying the main factors of therapy work and applications currently in use. The results of this research will operate as a part of the ongoing discussion about the definitions and practices in cross-Nordic and national debates.

2.1. Research context

Research context includes already existing theories in the field of outdoor-based therapies and related literature. These will be opened up in upcoming chapter three (3). The research is utilising literature and studies around the globe, yet it is focusing more closely to Nordic literature. The focal point is primarily on the Nordic Outdoor Life, German *Erlebnispädagogik* (experiential learning) and Anglo-centric Adventure and Outdoor Education theories due to their impact on outdoor-based therapy applications. Furthermore, the literature includes definite literature of outdoor-based therapies such as Adventure, Wilderness and Outdoor therapy as well as *Shinrin Yoku* (Forest Bathing). The research context includes the researchers own educational and professional history among outdoor studies as well as gained experiences from working and discussing with other professionals from the field. By acknowledging this, the researcher aims to minimise her assumptions and concentrate on presenting the gathered data (Bevan 2014, 138; Perttula 2005, 135; 149; Lehtomaa 2005, 177).

The study aims to report the experiences and practices among Nordic professionals in a field of outdoor-based therapies. These results target to clarify what the main characteristics and primary traits of outdoor work in the context of therapy in Nordic countries are. Moreover, this study will consider how these differ from other implications in a field of adventure and outdoor implementations such as recreation and education.

2.1. Research questions

The research questions used in this study were compounded by a process. Research questions were discussed through supervision; the forming process included getting to know already existing theories, already gathered experiences from the fields and included consultation from other professionals. The aims were to get as specific picture as possible of how the professionals are experiencing their practice. The research questions specified as following:

The study aims to answer three research questions:

1. How are practitioners practising outdoor-based therapies in Nordic countries?
2. What are their work-based experiences from practising outdoor-based therapy?
3. What are the understandings of outdoor-based therapy among outdoor practitioners in Nordic countries?

3. Defining outdoor-based therapy based on literature

Based on the literature review on outdoor therapies, there is no single definition for the methodology. Generally, definitions diverge around the globe, and none of the forms is stabilised (Harper, Peeters & Carpenter 2014, 2). Further, outdoor-based therapies are practised among various social and health care professionals; thus, the range of applications are vivid and meet several professional boundaries (Harper et al. 2014, 1-2). Different specialising courses and lectures are held worldwide. However, calling oneself as an adventure or outdoor therapist is under every person's own judgment and reliability to the ethical codes of mental health professionals or specialised ethical codes for adventure and outdoor practitioners. (Gass et al. 2012, 255; Russell 2001, 3.) In addition, used terminology is relational in cultural contexts, and it can be full of interpretations (Karppinen & Latomaa 2015, 41; Linnonsuo 2007, 222). In some literature, even the words education, pedagogy and therapy are used as synonyms when describing the outdoor practices (Karppinen & Latomaa 2015, 47; Räty 2011, 17). However, particular terms for the therapy interventions have appeared and have been used over time such as Adventure Therapy, Outdoor Adventure Pursuit, Wilderness Therapy, Outdoor Therapy and Nature-based Therapy (Gillis & Ringer 1999, 30).

Adventure and outdoor therapies are using the physical environment and adventure and/or outdoor-related activities to carry out the therapeutic process to gain therapeutic outcomes (Gass et al. 2012, 4-6; Harper et al. 2014, 1; Green Care Finland 2018; Gillis & Ringer 1999, 31). These approaches can highlight challenges or risks and, in turn, take under consideration nature's healing power and mindfulness among natural elements. Therapy programs utilising outdoor adventure activities have been mostly used in the USA. Whereas in Australia, Europe and New Zealand, the focus is on journey-based activities and wilderness settings (Gillis & Ringer 1999, 30). English professional literature uses Adventure Therapy as an umbrella term for outdoor and adventure-based therapeutic programs (Gass et al. 2012, 4-6; Harper et al. 2014, 1), whereas, the term Adventure Therapy is used as a definition for short-term adventurous interventions focusing on the challenge, risk-taking and managing to contribute to the

top experience (White 2012, 19). Then again, Wilderness Therapy is a term for long-term intervention where the aim is not to gain one or two top experiences, but rather live long-periods of camping life, including elements of practising wilderness skills (Davis-Berman & Berman 1999, 367). Wilderness Therapy is carried out through expeditions, which can be both short and long-term. The common characteristic of Wilderness Therapy is that it is carried out in a wilderness setting. (Gillis & Ringer 1999, 30.) Both approaches are aiming to start the transformation of a person's view about oneself, challenge individual worldviews and enhance the inner potential through empowerment (Davis & Davis-Berman 1999, 368). What's more, Wilderness Therapy can be also related to nature-based interventions. These interventions rely on an understanding of nature's holistic health benefits such as Japanese *Shinrin Yoku*, also known as Forest Bathing (Marcus, Cooper & Sachs 2013, 17; Hansen, Jones & Tocchini, 2017, 2) and Green Care services, where animals, plants and landscape are in the core of the therapeutic intervention (Lund, Granerud & Eriksson 2015, 1). These theories are highlighting nature's healing power through the human's deep and vivid connection with nature (Walhström 2008, 1; 2-5). Mentioned approaches can be stated to be a form on ecopsychology where nature is seen as a co-therapist and gained benefits could be seen in stress-reduction, recovery and for example in a boost of creativity and concentration (Wahlström 2008, 2-5).

Adventure and outdoor-based interventions are most commonly practised outdoors, and they often utilise group modality and multi-professional teams (Gass et al. 2012, 4-6; Harper et al. 2014, 1; Gillis & Ringer 1999, 31). Thus, the use of the outdoor environment might sound self-evident; still, there are other ways to provide the practice. Outdoors are used due to the recognition of nature's role in human wellbeing or due to the efficiency of adventurous activities outdoors. However, some implementations are practised indoors either through adventurous activities such as indoor climbing or by utilising natural materials such as handicrafts or animal-assisted therapies (Gillis & Ringer 1999, 31; Green Care Finland 2018). Multi-professional teams are used to ensure the presence of both hard and soft skills in the practice. Soft skills include the understanding of therapeutic frameworks and a holistic approach to human beings. In turn, hard skills contain adventurous activities, nature activities, risk analysis,

knowledge of needed equipment, and understanding the demands of the environment. (Gass et al. 2012, 49; Itin 1998, 4-5).

3.1. Adventure Therapy, Wilderness Therapy and Experiential Learning

The following chapter sheds light on the history of how outdoor-based implications are utilising the adventurous activities developed from educational forms and what the main characteristics of the interventions are.

Adventure therapy & Wilderness Therapy

Originating from Latin (Aventure / Abventura), the word "adventure" refers to "what is about to happen" (Gurholt 2016, 288). According to literature, it contains an uncertain outcome resulting from a voluntary activity done for its own sake (Csikszentmihalyi & Csikszentmihalyi, 1999, 153). It includes the potential to lose something valuable, which can be perceived as a risk (Priest 1999, 112-113). In turn, the word wilderness refers to an area beyond civilisation, has a nature of un-domestication and contains unpredictable elements. Both terms are troublesome due to subjective definitions of them over time and in different cultures (Harper, Gabrielsen & Carpenter 2017, 2). Additionally, as mentioned earlier, several therapy terms in the realm of outdoor adventure are often used as synonyms, and this is also true for adventure and wilderness therapy topics. One can state that Wilderness Therapy is a form of Adventure Therapy (Gass et al. 2012, 4-6; Harper et al. 2014, 1; Fernee et al. 2015, 116). However, these terms include a form of a treatment which is carried out outdoors, most possibly through an adventurous experience (Richards 2016, 253). Adventure therapies have developed from the heritage of Adventure and Outdoor Education. Adventure and Outdoor Education frames from expeditionary military adventure requiring, for example, surviving in an unfamiliar environment and strong leadership skills. (Brookes 2016, 13.) Towards the twentieth century, formalised programs started to gather their knowledge together and started programs called adventure education, aiming at learning and personal growth through the adventure (Miles & Priest 1999, 1). In the 1920s, public schools began to use the natural environment and overnight camping in their programs, and 1950s the term adventure education started to be used more generally in the US and

UK (Raiola & O'Keefe 1999, 48-50). These programs were aiming at affecting the young students through outdoor challenges. The goal was to facilitate co-operation for the greater good and to cause a positive effect on the responsibility, self-efficacy, self-reliance, as well as leadership skills and the ability to learn from the experience of the young men participating in the programs. (Brookes 2016, 11; Loynes 1999, 103.) Over time the participants of the adventure and outdoor education became diverse (Miles, Priest 1999, 357). Now the outcomes can be seen in outdoor skills, self-confidence, general leadership skills, teamwork, personal appreciation for nature, tolerance for adversity and the perspective on life, to name few (Sibthrop & Richmond 2016, 210).

First therapeutic adventure and outdoor programs started in the 1980s in the USA in a camping setting. These programs were borrowing factors from adventure education philosophy and methodology and applied those for the therapeutic setting. (Raiola & O'Keefe 1999, 51.) The development of adventure and outdoor programs has encouraged social services and health sectors to use adventure and outdoors in their applications. Programs have set therapeutic goals to gain therapeutic benefits in the client's situation. (Loynes 1999, 107.)

Experiential learning

Furthermore, German *Erlebnispädagokik*, also known as experiential learning, has its similarities with Adventure and Outdoor Education beyond the therapy interventions. For instance, adventure and outdoor education can be stated to be part of experiential education. (Raiola & O'Keefe 1999, 47.) The founder of Outward Bound, father of the experiential learning, Kurt Hahn, started month-long community-based adventurous expeditions in educational purposes in the 1930s. The main core was in challenge, self-reliance, teamwork and leadership. (Loynes 1999, 104.) Hahn saw physical fitness, self-discipline, craftsmanship and service to be an answer for the descend of youths (Brookes 2016, 15). Experiential education forms its core from direct experience deepening the quality of learning. This will connect participant in cognitive, kinesthetic and affective ways – learning through head, hand and heart. Afterwards, the experience is recognised through guided reflection. (Raiola & O'keefe 1999, 47.) The purpose of this reflection is to change to be with oneself, others and the environment (Quay &

Seaman 2016, 45). Outward Bound didactic addresses that adventure is not something that one does. Adventure is what one feels, and attitude towards life as a perception of self surrounded environment and the community. (Loynes 1999, 104.) Experiential education is formed by holistic experience where the experience requires a commitment to the activity by thinking, doing and feeling, and gathering the experience together by reflection (Quay & Seaman 2016, 45). Outward Bound programs had their therapeutic aspects and programs aiming firstly at the development of the character and designed as value-centred (Russell 2001, 2) and including programs for youths with psychiatric issues in the USA (Gilli & Ringer 1999, 29-30; Gass et al. 2012, 28).

Common characteristics of different forms of adventure therapy

As already shown, Adventure Therapy interventions are often overlapping. Many adventure based programs are a mixture of adventurous activity and some form of an expedition.(Gillis & Ringer 1999, 30). Raiola and O'Keefe (1999) present that adventure education is a combination of experiential education, camping movement, conservation education, nature study, outdoor education, and environmental education. In the adventure education and experiential learning, the main focus is on the direct experience leading to deepening the quality of learning (Raiola & O'Keefe 1999, 47). Gass, Gillis and Russell (2012) propose that adventure therapy has several key areas: the positive use of stress; the altered role of the therapist; unfamiliar environment; the influence of nature in the therapeutic process; challenge by choice when the perceived risk is the primary key for the self-development. To addition on these a well: personal responsibility for therapeutic change; natural consequences associated with participating in adventure activities; group dynamics as the main factor for the therapy and a strong ethic of care and support throughout the process. (Gass et al. 2012, 4-6.) In general, it can be stated that adventurous activities are used to gain positive change in the present and future functional behaviour to answer for the need of the present dysfunction (Harper et al. 2014, 2; Gass et al. 2012, 4-6).

The next section will focus on presenting the characteristics of these implementations more precisely.

Group-activity

Outdoor therapies are often facilitated as a group modality. The process contains interpersonal relationships as well as group-level outcomes in the form of group cohesion or sense of community. Many adventure-based therapy programs include a group work aiming to achieve a common goal or sharing the experience. (Richmond & Subthorp 2016, 208-2010.) A shared experience boosts the natural communication and working together towards common goals (Carpenter & Harper 2016, 62-63), and the process can enhance communication, co-operation, trust, conflict resolution, problem-solving and leadership influence (Priest 1999, 112; Hirsch 1999, 26; Richmond & Subthorp 2016, 208). In addition to the goal setting for the group, adventurous group activities aim to change an individual's present identity through group effectiveness. Problem solving and communication are aiming to improve the behaviour of the individual (Hirch 1999, 25.)

The call of an adventure, uncertainty & challenge – the positive use of stress

The sense of an adventure is a personal experience determined by our emotional, intellectual and spiritual layers and one cannot choose on behalf of the other if they are sensing an adventure (Priest 1999, 112). Csikszentmihalyi & Csikszentmihalyi (1999) stated that the uncertainty and curiosity provide the human brain enjoyable adrenaline rushes and release endorphins (Csikszentmihalyi & Csikszentmihalyi, 1999, 153) causing the desire for the discovery and problem solving to understand oneself and the environment through experiences (Raiola & O'Keefe 1999, 46). The perceived challenge may be emotional, social or physical (Hirsch 1999, 26) and these are generally thought to encompass motivation, confidence, co-operative behaviour, risk-taking and self-reliance (Levack, 2003, 25).

Mastery, agency & personal growth

The facilitated challenge has been seen as one of the core factors in adventurous programs (Hirch 1999, 25) and it aims at learning and personal growth through the adventure (Miles & Priest 1999,1). Experiential therapies include a perceived challenge and possibility for a feeling of mastery when the challenge has been successfully handled. It has been argued that the sense of an agency and mastery will product the

intrapersonal growth and development; in other words, how an individual gets along with oneself. (Richardson 2016, 251; Priest 1999, 112.) Intrapersonal growth leads to a possibility to gain self-efficacy, self-resilience (Davis & Davis-Berman 1999, 368), strengthen one's' self-concept and self-esteem (Hirsch 1999, 14; Klint 1999, 163). Self-efficacy is part of one's self-concept and influences one's motivation (Klint 1999, 163). Richards (2016) presents that the perceived challenge facilitates instability, which is the key factor for recognising yourself and starting a change in one's' lifeworld. (Richardson 2016, 251) Thus, experiential therapy programs are aiming to start the belief of oneself through the perceived challenge (Hirch 1999, 25).

Reflection and transfer

Reflection after the activity deepens the experience and aimed therapeutic change can be strengthened with metaphors and reflections to support a clients' insight (Richardson 2016, 252). Outdoor therapy activities might provide challenging and stimulating experiences where a participant is working holistically in affective, kinesthetic and cognitive levels by thinking, doing and feeling. The reflection aims to deepen the understanding of oneself and seeks out self-development and growth. (Raiola & O'Keefe 1999, 47; Quay & Seaman 2016, 45.) Greenway & Knapp (2016) present that without reflection or reviewing something happens but nothing occurs. Reviewing the experience helps to make sense of the experience, gives the enjoyment of success and meaning as well as deepens the learning and transferring learned aspects to other areas of life as well. (Greenaway & Knapp 2016, 261-262.). Reflection increases interaction in groups. Interaction leads to knowing each other better and increases the relationship between the therapist and participant. (Greenaway & Knapp 2016, 266.)

3.2. Wilderness Therapy, Nordic Outdoor Life and Forest Bathing

In addition to adventurous outdoor-based therapies, the following chapter will deepen the understanding of nature-related outdoor-based therapies by explaining the main characteristics of the interventions.

Wilderness therapy

Although Wilderness Therapy can be classified as a form of adventure therapy when it aims to personal growth through the challenge (Russell 2001, 1) it can be categorised as a part of the nature-based interventions as well. Wilderness refers to an idea of a remote and unspoiled area, where a human is in interaction with nature without conquering it Harper et al. 2017, 2). Often, Wilderness Therapy includes a design of expedition lasting several days (Gillis & Ringer 1999, 30). Remoteness in the wilderness can be found as a powerfully restorative force by providing enjoyment and experience of tranquillity and spirituality (Miles 1993, 321-322; Kaplan & Kaplan 1998). However, despite the focus on the challenge or nature's restorative effects, wilderness therapy can also be described as a group therapy form which facilitates the formation of an expedition in wilderness setting in a self-sufficient manner with minimal equipment in the wilderness in treatment process (Russell 2001, 4; Fernee et al. 2015, 116).

Nordic Outdoor Life Heritage

Nordic countries hold their relatively recent history of living together with nature in everyday basis (Simula 2012, 33). Thus, the cultural heritage in the form of *friluftsliv* (free-air-life) and *erä-tradition* (a form of wandering in the wilderness) have their background in prehistoric times, before the growing industrialism and capitalism (Soikkanen 1979, 12; Mytting 1994, 43). Traditions are still fully alive – with their modern twist as surviving in nature is not essential anymore (Simula 2012, 33; Beery 2013, 94-95). These cultural relations have had their impact as well to the outdoor-based therapies and can be mixed with other forms of outdoor-based implications (Karppinen & Latomaa 2015, 47). These forms are utilising traditional outdoor life skills and a philosophy of living together with nature in a minimalistic way. It is a philosophy where the idea is in engagement with nature in an emotional, physical and intellectual levels. (Mytting 1994, 45; Simula 2012, 33; Soikkanen 1979, 28-29; Gelter 2000, 78; Beery 2013, 94-95). More about Nordic Outdoor Life heritages later on chapter *3.4. History of outdoor-based application in Nordic countries.*

Shinrin Yoku

Shinrin Yoku, Forest Bathing, is originally a Japanese method for promoting health by

using all five sense when walking mindfully in the forest (Marcus et al. 2013, 17; Hansen et al. 2017, 2). It has become an important component in preventive health care as well as a form of treatment in Japan (Hansen et al. 2017, 2). *Shinrin Yoku* relies on the health and therapy factors of the forest environment, especially on stress-reduction through scents, presence of wood oils (phytoncides) and produced antimicrobial organic compounds. (Marcus et al. 2013, 17). In a deeper level of the physical health factors, Forest Bathing has an impact on human's holistic well-being used as a therapeutic work. (Hansen et al. 2017, 2). Forest Bathing utilises the "being away" from the everyday environment – physically and mentally – and aims to enhance the feeling of extent, fascination and compatibility (Marcus et al. 2013, 28). The Forest Bathing tradition is not carried out in the wilderness; hence, it profits the nearby environment by inviting the participant to be mindfully present in the forest (Williams 2017, 18-20).

Common characteristics of different forms of using nature as a core of the therapy

Outdoor applications focusing on nature and nature activities are utilising the same factors from the natural environment; nature's health benefits and the human-nature connection. Often these aspects are present in adventure-based programs as well, even when the practitioners are not acknowledging it. Therefore, adventure and nature-based outdoor applications are often overlapping with their benefits, even when the framework and goal might differ.

Physiological aspects

"The green and blue exercises", physical movement in a natural setting, decreases blood pressure, pulse and muscular tonus (Wahlström 2008, 65; Frances 2006, 182; Capaldi et al. 2015, 3). The natural environment has a positive effect on the immune system, increases the activity of natural killer cells and resilience towards illnesses (Hansen et al. 2017, 2), and it increases vigour and energy levels (Frances 2006, 182). Even watching a picture of nature or listening calming nature sounds, such as bird singing, resonates with our cells and heartbeat and activates the parasympathetic nervous system and releases pain. All these factors decrease cortisol levels and improve immune functioning by the stress-reduction theory (Capaldi et al. 2015, 3; Wahlström 2008, 9; 65; Hansen et al. 2017, 2).

Neurological and psychological health benefits

Physical changes enhance neurological and psychological outcomes. The holistic understanding of human well-being and functioning is honouring the mind and body alienation as a concept where a mind is not separated from the body. (Kiewa 1999, 354.) Physical activity in nature increases the experienced relaxation, decreases depression and strengthens self-esteem. The mind and body alliance makes sure that when the stress levels decrease, the mind feels lighter. Nature can be one of the methods to treat mild or mediocre depression, reducing challenging emotions such as anger, aggressiveness or contentious behaviour (Wahlström 2008, 8-9). Kaplan' & Kaplans' (1989) attention restoration theory is based on the understanding that human has limited resource of directed attention, causing irritability and declined cognitive performances. Nature doesn't require this attention; rather, it is restorative by containing rich stimuli, which engage involuntary attention effortlessly and in a soft way provides an opportunity to act without a constant monitor of behaviour. This increases the capability to concentrate and deliver direct attention later on (Capaldi et al. 2015, 3; Marcus et al. 2013, 28). The natural environment gives distraction from mental health issues, improves the mood and enhances coping methods. Nature health benefits have also been recognised in self-acceptance. (Frances 2006, 183.) Green spaces have been noticed to ease for example the Attention Deficit Hyperactivity Disorder (ADHD) (Mensah et al. 2016, 152).

Eco-psychology

Ecopsychology takes under consideration how people's well-being requires interaction with green and blue places as without this interaction, the human's mental, social and physiological performances are in danger of descending (Wahlström 2008, 2-5; Capaldi et al. 2015, 2; Richards 2016, 253). One of the eco-psychological theories, *Biophilia hypothesis*, states that psychological changes emerge because of human's neurological and psychological needs to connect with nature (Wahlström 2008, 6-8) which is in contact with our biological roots and dependence of human-nature connection to survive (Kiewa 1999, 353; Capaldi et al. 2015, 2). Carpenter & Harper (2016) state that humans seek out meaningful connections with places (Carpenter & Harper 2016, 59). These experiences and natural surroundings might bring up a sense of spirituality, which feels

empowering and nurturing (Kaplan et al. 1998). Spending time in nature can lead to improved emotional functions and life satisfaction (Capaldi et al. 2015, 2). Nature connectedness is also associated with humanitarianism, social well-being, kindness, empathy, altruism and perspective taking and naturally, people who are more connected to nature spend more time outdoors and this increases the good circle of feelings of connectedness (Capaldi 2015, 2; 6). The aim is to come together with the natural surroundings so that the nature-connectedness can lead to reduced stress, empowerment, reflection, and recover but as well to boost creativity and self-confidence (Kaplan & Kaplan 1998).

3.3. Outdoor-based practices: Therapy or education?

The Oxford dictionary defines the word therapy as "treatment intended to relieve or heal a disorder", continuing to rehabilitation "the action of restoring someone to health or normal life through training and therapy after imprisonment, addiction, or illness." (Oxford Dictionary 2019). World's Health Organization (WHO) defines rehabilitation as "a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments" (WHO 211, 96). Therapy is always aiming at results which respond adequately to the need of care and provide a positive change in a participant's current situation with the illness or disability. This can be done by affecting a) psychological aspects b) physiological aspects. Psychological therapy intends to make a change to the clients' psychological stage, where the client has mental challenges. Physiological therapy can be rehabilitation which intends to ease occupational or physiological challenges. Therapy forms vary from talk-based therapies to action-centred rehabilitation applications. (European Association for Psychotherapy 1995; WFOT 2012; World Confederation for Physical Therapy 2016.)

Quality health care needs ethical guidelines, which are protecting clients from unethical applications and provides standards to carry out the practice. An ethical code is required in order to address the differences between therapy, therapeutic work, education and recreation to provide the service which answers to the need of the participant. The main differences of different implementations come from the goal

setting and further how the method is carried out to meet the demands of clients. All the recognised, validated, and organised therapy and rehabilitation forms share similarities in their ethical codes. Basic principles of therapy and rehabilitation professionals' ethical codes are client-centred practices, protection from physical and psychological harm, respect of the person's rights and dignity and confidentiality of data. (Leach and Harbin 2010, 181; EAP 1995; EFPA 2005; COTEC; WCPT 2012,) Furthermore, the ethical code states that professionals need to be experts and validated on their professionalism, use their expertise for the participants best interests and refresh their professional knowledge and experience to meet the recent codes also in order to limit their practice to those areas which they are certified in. It includes providing accurate information to their clients, using appropriate measurement tools and equipment, and fees that are in an accurate level to provide the service. (EAP 1995; EFPA 2005; COTEC; WCPT 2012.)

Therapies and therapeutic approaches have developed over the years, and they have been influenced over the decades of historical, ideological and theoretical changes, development and applications (Richards 2016, 252). The difference between therapy, therapeutic action or recreation or education can be experienced as a fine line, and it might be hard to address (Richards 2016, 254). This is present in the ongoing discussion of the differences between the outdoor therapies, therapeutic outdoor recreation and outdoor education forms. However, the context and purposes of the different practices should be very clear when researching professional outdoor therapy practices. Thus, these contexts cannot be blurred when therapy forms use the same elements which are present in an adventure and outdoor education. Therapeutic benefits may infer though adventure and outdoor education without having any aim or knowledge of therapeutic approaches and techniques (Richards 2016, 254; Gillis & Ringer 1999, 30). However, designed adventure and outdoor-based therapy interventions are aiming to therapeutic goals, which make the difference in a participant's situation (Hirsch 1999, 13). When offering therapy programs for the clients, professionals need to make sure that they are following ethics and that the participants are not provided treatment without the knowledge of therapeutic applications (Richards 2016, 254).

Adventure and outdoor-based therapies are used for clients who have been undergoing challenging situations in their lives such as emotional and behavioural disorders, stress-disorders, traumatic brain injuries, depression and other disabilities (Richardson 2016, 251). The aim is to create a positive change to the client's' current and future situation. (Gass et al. 2012, 4-6). Outdoor-based therapies lack to provide ethical codes. However, the code of ethics can be found among some organisations. The Therapeutic Adventure Professional Group (TAPG) states that adventure programs have a significant influence on individuals' lives, so the purpose of ethical guidelines is to advocate for the education, empowerment and safety of those who participate in the programs (TAPG 2018). In addition, Green Care Finland (2012) has made the code of ethics to all Finnish Green Care providers for nature-related interventions. This code includes understanding human's relationship with the environment, appreciation of used natural elements in practice and take into account sustainability and respect all forms of life. Green care methods need to be goal-oriented, and methods are based on research data. (Green Care Finland Ry 2012.) Another nature-related example comes from the European Forest Therapy Institute, which states that methods need to respect the individual's human rights, express gratitude to the wisdom of the ancient traditions and respect all cultures and traditions (EFTI 2019). Australian Adventure and Bush Therapy has its ethical principles to respect the human diversity and do no harm to self, others or nature, practices transparency and confidentiality, client centre practice to meet clients' needs and hopes, support physical, psychological and social environments, adapt the adventure experiences to meet the client's demand (AABT2019).

Special characteristics in outdoor-based therapies compared to more common therapy forms

Outdoor-based therapy applications can be considered as an alternative option besides the stabilised and validated treatment modalities. Outdoor-based therapies are most often utilising the outdoor environment (Gass et al. 2012, 4-6), either on nearby (Williams 2017, 18-20) or in the wilderness setting and are carried out through physical activity (Gass et al. 2012, 4-6). The natural environment gives a break from the everyday core and environment by offering a contrast to the normal settings where the experienced stress or issue is present (Miles & Priest 1999, 319; Marcus et al. 2013, 28).

Change of the environment eases one into the experience of "extent", by creating a mental space where the possibility to look present life-conditions from a distance occurs (Marcus et al. 2013, 28). Nature, especially wilderness, can be found to be a powerfully restorative place by providing enjoyment through aesthetic experiences and a feeling of awe (Hansen et al. 2017, 2). This fascination can appear over the natural objects or landscapes (Marcus et al. 2013, 28) and lead to the experience of tranquillity and spirituality (Miles & Priest 1993, 322; Kaplan & Kaplan 1998). The outdoor environment might also induce different emotions (Fernee et al. 2015, 120). Human seeks possibilities to control self, others and nature by providing comfort and safety (Carpenter & Harper 2016, 62-63). Exposition to the unfamiliar environment might bring up feelings of shock an uncertainty (Fernee et al. 2015, 120) such as the experience of having less control compared to the built environment (Miles & Priest 1999, 321-322). Nonetheless, this feeling could be guided towards getting used to the natural environment and a feeling of confidence (Fernee et al. 2015, 120). Further, the lack of control can open possibilities to deeper reflection. (Carpenter & Harper 2016, 62-63; Miles & Priest 1999, 319).

The outdoor-based therapy group is separated from everyday life and established somewhat remote from a familiar environment (Richmond & Subthorp 2016, 208). In this context, social aspects become significant. The social company gives comfort and support in challenging emotions which might appear in the unfamiliar environment (Carpenter & Harper 2016, 59; Miles & Priest, 1999, 321-322). Supporting psychosocial environment increases self-esteem, confidence and positive self-image. Working together increases decision-making skills, improves communication skills and motivation and increases the enjoyment of natural habitat (Frances 2006, 182). This promotes social well-being and expands the domains affecting the quality of life (Menash et al. 2016, 153). Furthermore, outdoors provide a space where a client can choose the compatibility of the environment and the group. In other words, one can move, sit, lay, be quiet or pursuit the energy in the most compatible way to oneself. (Marcus et al. 2013, 28).

Outdoor-based therapies are described as action-centred (Gass et al. 2012, 4-6) experiential methods (Priest 1999, 111). Sandseter & Hagen (2016) argue that the natural environment is sparking up the natural curiosity and need to explore the world through our whole bodies and multiple senses (Sandseter & Hagen 2016, 97-99). The outdoor-based therapy experience occurs in psychomotor, physical, cognitive and moral ways (Fine 1999, 196) and includes the use of all senses (Priest 1999, 111). The experiences engage participants kinesthetically on levels of cognitive (thinking), affective (feeling) and behavioural (behaving) self (Richards 2016, 253). This holisticy provides the potential for enhancing human development (Richards 2016, 253; Klint 1999, 163). Physical activity eases issues with obesity and prevents cardiovascular and musculoskeletal diseases, strokes and cancers (Mensah et al. 2016, 152; Klint 1999, 163) by increasing muscular endurance, strengthening the heart and lung capacity as well as the circulatory system (Mensah et al. 2016, 152). Walking in the natural environment gives one's body different stimuli than walking in a gravel road with a flat surface (Wahlström 2008, 99) and can decrease the incidence of chronic age-related diseases as well as increase our life span (Mensah 2016, 152). The psychical domain provides a feeling of well-being. In turn, cognitive improvement can be increased through kinesthetic activity. Along with physical and cognitive domains appear affective factors in forms of achievements, stress control and gained motivation (Klint 1999, 163). Holistic experience leads to better intrapersonal relationships including self-concept, spirituality, confidence, self-efficacy (Priest 1999, 112; Klint 1999, 163) and self-constructs, skill building, values and mental states (Sibthrop & Richmond 2016, 210). The natural environment gives straight feedback to the participant and practitioners. Overcoming the challenges will give a sensation of being alive and to existing in reality. (Richards 2016, 253.)

Outdoor-based therapies are offering a chance for intensive long-term therapy programs if they are carried out in the form of an expedition. Expedition formation profits from benefits mentioned above but as well from the client-therapist relationship. Firstly, the approach allows the therapist to observe participants easier through activity and environment. Besides, outdoor creates an environment which might underpin the clients' challenge in more obvious ways than a familiar environment. This will lead to a more

powerful way to direct the practice to be influential to the client. What's more, due the isolation and intensity, clients are more comfortable to focus on the and now, which is beneficial for further results in therapy. In an expedition setting, the therapist is sharing everyday life with participants and is not turning the role of a therapist on and off (Harper et al. 2014, 6-7). This alters the role of the therapist and eases the interaction by providing an environment where the participants and therapist are equal without an authoritative role or stigma (Fernee et al. 2015, 121).

3.4. History of outdoor-based application in the Nordic Countries

The following section includes a literature review of the Nordic cultural history and relationship different nations have to nature. It will also present the history of outdoor-based therapies in the Nordic countries.

Nordic countries include Norway, Sweden, Iceland, Finland and Denmark. These countries are located in the northern part of Europe and share rich common history over the decades. Norway has belonged to Denmark and Sweden, southern parts of Sweden to Denmark, Finland to Sweden and Iceland to Denmark. Greenland and Faroe Islands are still part of Denmark and Åland is part of Finland. Nevertheless, Greenland, Faroe Islands and Åland hold their own autonomy. (Hentilä, Krötzl & Pulma 2002, 338.) The Sami people are Nordic indigenous inhabitants, and their homeland situates in the northern Fenno-Scandinavia. The area starts from the Russian border and goes through the Lapland of Finland, Sweden and Norway. Sami have their own parliaments, language and heritage. (Kent 2014, 3; 19; 259.) Nordic countries are separately small states, but the overall population is in a total of 23 million (Christiansen, Petersen, Edling & Haave 2006, 10). In a cultural sense, Nordic countries are relatively homogeneous sharing similar ethnicity, main religion and mainly a common linguistic heritage (Hentilä et al. 2002, 338). Besides, the countries have the same rather recent agricultural and industrial developmental history, political and cultural history and shared common values (Hentilä et al. 2002, 338; Christiansen et al. 2006, 9). This development has lead to a similar socio-economic structure; “the Nordic welfare state model” (Christiansen et al. 2006, 9). When all five nations reached their full

independence, the idea of a common Nordic identity increased. It reached its full potential after the World War II. The Nordic Convention for mutual social rights for Nordic citizens was established, and it eased the labour movement between the Nordic countries (Christiansen et al. 2006, 10).

The separation of human society from nature is relatively new in Nordic countries. Nordic indigenous people shared a common realisation of living in supposed harmony with "mother nature". (Skogen 1999, 24-25.) Nordic paganism has two branches of polytheism: nature mythology and the Vikings' gods (Njardvik 1989, 84-85). Both religions are based on animalism; hence gods were related to the natural forces and altars were on sacred natural places such as trees and waterfalls. (Heinilä et al. 2002, 17.) The relation between the Nordic ancestors and gods was equal, and nature was seen as vulnerable as human life (Njardvik 1989, 85). Christianity came to Nordic countries peacefully by Vikings already before the year 1000, and it lived side by side with the paganism for decades (Hentilä et al. 2002, 18; 27- 31). Still, for example, only 15% of Finns states that a Christian church is a sacred place when in comparison 44 % of the nation say that nature is a holy site (Pessi, Pitkänen, Westinen & Grönlund 2018, 15).

The Nordic climate includes four different seasons from cold winters to mild warm summers. The landscape varies from Norwegian mountains to vast Danish coastline and landscapes formed by modern industrialized agriculture, and from Icelandic volcanic terrain to Swedish deep forests and to thousands of lakes in Finland. The cultural heritage and knowledge of how to live in nature have passed from generation to generation. Citizens need to have awareness, skills and equipment to ensure that everyone shares a common understanding of how to use the natural environment. Shared consciousness ensures safety and boosts the possibility to create a connection with yourself and the living environment. (Repp 1994, 36.) This ancient heritage is called *friluftsliv* in Scandinavia (Gelter 2000, 80) and *erä-tradition* in Finland (Soikkanen 1979, 12). Based on these traditions, the act of freedom to roam as well as every-mans-rights in Norway, Sweden, Finland and Iceland represent a foundation of a respectful relationship between human and nature. This act provides the understanding that everyone is free to roam, stay overnight or collect supplies even in private areas

when showing respect to the environment and fellow citizens. (Gurholt 2016, 288; Sandseter 2008, 98; Gelter 2000, 90.) Nordic people share the self-image of being nature-loving people even after the fast industrialism and adaption to hi-tech culture (Sandell & Öhman 2010, 113). This image is partly due to the start of the romanticism in the 18th century and was boosted by stories of heroic Nordic explorers such as Roald Amundsen and Fridtjof Nansen (Gelter 2000, 79). In addition to the romantic idea of Nordic nations, the self-image is a result of the cultural heritage over generations. The nature-based outdoor recreation has had a positive impact on Nordic children as they grow up and affected the ability to create experiences of environmental connectedness (Beery 2013, 108; 110). Increasingly, when the globe is facing an ecological crisis, Nordic people want to address their relation and heritage towards nature and simple living, environmental education and sustainability (Sandell & Öhman 2010, 113).

Alongside the political, social and cultural aspects, Nordic countries share similarities in their nature and climate. Nordic countries have low population density; hence the landscape has kept mainly inhabited. Green and blue areas are easy to reach even in city centre areas (Gurholt 2016, 287). For example, in Norway everyone lives under 30 minutes from uncultivated land (Gurholt-Pedersen 2016, 290.), besides, in Denmark everybody lives only 52 kilometres away from the coastline (NOTN 2018). Iceland has only 350 000 inhabitants but the country contains 103,000 km2 (Hjalmarsson 1988, 12) and 72 % of Finland is covered by forest (Metla 2012). The nearness of green and blue spaces raises the image that alongside urbanisation stands the traditional connection with nature, and everyone can enjoy free nature outside their doorstep (Gelter 2000, 90).

Finland: Erä-tradition and Seikkailukasvatus

Finnish wilderness tradition, *erä-tradition* is based on the ancient way of living with nature. *Erämaa* has been translated from Swedish, *eremarchen* or *äramarchen*. The word *erä* is referring to the way of life and maa means land, which is separated from the area where people are currently living (Soikkanen 1979, 12). *Erä-tradition* is based on wandering from prehistoric times to 1300 BCE. Roaming was aiming to find essential supplies or better residential areas for the families and communities to survive the basic life. This exploration was harsh, potentially fatal and could last for several days and

include hundreds of kilometres. (Soikkanen 1979, 12; 28-29; Nieminen 1999, 70-71.) Slowly the way of life was changing towards agriculture and communities were not entirely depended on *erä-tradition*. However, when the harvest wasn't successful enough, communities were practising the ancient skills to hunt and fish to provide their daily living. (Nieminen 1999, 72.) When the agriculture evolved during 1700-1800, nobility started to seek thrill from outdoor and erä-activities, and at the same time, peasants used *erä* as a test of courage to get the acceptance from the community (Nieminen 1999, 72). The national romanticism through nature come to the fore to engage a young man to serve the homeland and still after the world wars the majority of Finns were still living in an agrarian society (Nieminen 1999, 73). That meant that the old heritage from *erä-tradition* was strong in people's' everyday life (Karppinen & Latomaa 2015, 94-95). When in recent time *erä* was a necessity, nowadays it's part of Finnish national identity through national romantics and traditional cultural matters. Finns are visiting inhabited areas to experience tranquillity and connectedness as well as to challenge and adventure in the form of physical activity and simple style of living (Simula 2012, 33; Soikkanen 1979, 28-29).

Finnish adventure education and therapy have references from *erä-tradition* thus it includes influence from English Adventure and Outdoor Education and German *Erlebnispädagogik.* Youth camps have been existing since the end of 1800s and the Scout movement arrived from Anglo-Saxon heritage at 1910 century. They were aiming more or less to keep youngsters out of bad habits (Nieminen 1999, 74-80) and raise the national identity after being under Swedish government and part of the Russian empire (Karppinen & Latomaa 2015, 91-94). After 1960 the ideology changed, and nature camps were seen as meaningless use of time and youngsters were encouraged to engage politically. Again in the 1990s during the economic depression, Adventure and Outdoor education were seen as a fruitful way to influence youth unemployment. (Nieminen 1999, 91-92.) Karppinen and Latomaa (2015) introduced that the heritage of Finland's *erä-tradition* was wanted to push away from 1970 onwards when German *Erlebnispädagogik* and English Adventure and Outdoor Education were introduced to Finns (Karppinen & Latomaa 2015, 104-105). Soon after, Adventure and Outdoor education started to become a structured and reliable pedagogical approach between

1980-1990s. The approach got called *Seikkailukasvatus* (eng. adventure education) and *Elämyspedagogiikka* (eng. experiential learning). Often these two are used as synonyms (Karppinen & Latomaa 2015, 7; 38-39; 94-95.) At the same time, when *Seikkailukasvatus* had its great take-off, many social- and health sector providers started to use adventure and outdoor interventions in their practice. These interventions were not necessarily called adventure therapy but had features from that. Finnish Adventure Education Network (*Seikkailukasvatusverkosto*) was established in 2007 (Widenius 2017, 13). The network is mainly concentrating on education but has noticed the therapeutic power of adventure and outdoor experience. Still, adventure and outdoor-based therapy interventions are not adequately structured, but they are growing and finding their place in the field of therapeutic work. The Finnish Adventure Therapy Network (*Seikkailuterapiaverkosto)* was established in 2017 and started to gather professionals together from the field of adventure and outdoor therapy. Already in 2018, adventure therapy was one of the main themes of the annual Finnish Adventure and Outdoor Education seminar, and in 2019 it was taken under the Finnish Adventure Education Network. Adventure and outdoor therapy have a growing interest among practitioners and researchers while the firm funding is still missing. (NOTN 2018.)

Further, adventure and outdoor therapy are overlapping with the Finnish Green Care services. These services are provided in nature, and the approach is using animal and outdoor-based activities to carry out the goal-directed practice. (Green Care Finland 2018, 4; Maa- ja elintarviketalouden tutkimuskeskus, 2013, 3.) The Green Care Finland organisation was established in 2010 to unify nature, animal, garden and farm-assisted practices in social services and rehabilitation (Vehmasto 2014, 18). Green Care Finland established certifications to guarantee the quality and professionality in nature and outdoor-related health and social services. LuontoHoiva (eng. nature/green care) certificate is for professionals who have a national validation to practice health care and the aim is to answer for the need. Also, LuontoVoima (eng. nature/green strength/power) is for the social and educational sector which will be used as prevention for further health issues. (Green Care Finland 2018, 4). Still, the understanding among the Finnish Adventure Therapy Network is that the term *seikkailuterapia* is used as an umbrella term for all adventure and outdoor applications at the moment.

Scandinavia: Friluftsliv

Friluftsliv is a term which is used in Scandinavia. It characterises cultural outdoor philosophy in the area. Every country has a moderately similar history and use of *friluftsliv. Friluftsliv* means the philosophical tradition of outdoor and nature life, literally translated as free-air-life, which can be called as well free-life-under-the-open-sky (Gurholt 2016, 290; Mytting 1994, 43). It contains an understanding of living in the wilderness, a sustainable lifestyle and ideology of leaving no traces (Sandseter & Hagen, 2016, 95-96; Repp 1994; 32). *Friluftsliv* melts together outdoor recreation, physical experience in nature experience, philosophy, personal relationship to nature and a lifestyle inclusive of nature (Beery 2013, 94-95). It is based on experiences of freedom in nature and the spiritual connectedness with the landscape. (Gelter 2000, 289.) Like *erä-tradition, friluftsliv* was a way of the whole life for people living before modern times. Outdoor skills were essential during the pre-industrial and pre-capitalistic time when living was based on the skills in nature and venturing on occasions when you needed to collect supplies or travel. Skills are including skiing, hunting, fishing, rowing, sailing, and all the skills which were a necessity to survive and live with nature. (Mytting 1994, 43; Gelter 2000, 89) This tradition has been maintained through generations up to these days (Sandseter & Hagen 2016, 96) and has strong connotations and values in national identity and cultural heritage in Scandinavia (Sandseter & Hagen, 2016, 95-96; Gurholt 2016; Repp 1994; 32; Mytting 1994, 43). However, modern friluftsliv includes survival skills, simple nature living, tourism, recreation and consuming (Gelter 2000, 289).

Norway

Norwegians have had a close relationship to nature; thus harsh nature was not a place where most of the Norwegians liked to spend their leisure time during the 18th-century (Repp 1994, 33). The reason to leave home and expose oneself to nature was the need to supply for food, collect materials or trade stocks (Mytting 1994, 43). This relation changed when artists started to romanticise nature in the 19th-century. At the same time, British mountain pioneers showed Norwegians how to use peaks as a playground. (Repp 1994, 33.) All along, *friluftsliv* skills modified from essentials to amusement, thrill and adventure (Mytting 1994, 43). *Friluftsliv* is a socio-cultural phenomenon which is part

of the Norwegian tradition, education and included in policy making (Gurholt, 2016, 290). The world's first tourist organisation was developed in 1868 in Norway (Gelter 2000, 88). In 1957 *friluftsliv* act was founded where the every-man's-rights were officially recognised (Gurholt 2016, 288). The Norwegian government has noticed that nature has preventative health care factors (Repp 1994, 35) and from the 1970s onwards the government has opposed a particular interest towards *friluftsliv* (Mytting 1994, 44). *Friluftsliv* became popular as an academic study in 1968 by the Norwegian University of Sport and Physical Education (Mytting 1994, 43) and it can be studied up till doctoral level (Repp 1994, 37). The goal was to support modern Norwegians in gaining essential skills to survive in nature and learn about their cultural heritage as well as to engage people to make actions in environmental issues. Studies were promoted with traditional aspects from English Outdoor and Adventure Education and German *Erlebnispädagogik* to gain interest through high-thrill adventures. Since the 1970's the term *friluftsliv* involves everything between living a simple life in a rural wilderness, experiencing the slow-adventure, walking in a green area and high-thrill, action-packed activities and finally commercial tours chasing after awe (Gurholt 2016, 290.)

Norway holds a history utilising outdoor activities in health care. The private and public sector have been providing outdoor-based therapies within health services for years (Fernee et al. 2015, 116). Nordic Council of Ministries and the Norwegian Ministry of Environment established a project Outdoor Life and Mental Health in 2010. The project was aiming to create a platform for the Nordic countries to integrate *friluftsliv* in national mental health services. (Fernee et al. 2015, 116.) In 2018 *Utendørsterapi* – Outdoor Therapy Norway – was established and it works closely with *utehabilitering* (outdoor rehabilitation) community. At the moment, the research sector is getting more active and PhD-level projects have been established. Norway will be hosting the 9th International Adventure Therapy Conference in 2021. (NOTN 2018.)

Denmark

The landscape in Denmark is different in comparison to other Fenno-Scandinavian countries. The agriculture has taken over most of the territory. Danish people have had a divided relationship with the natural environment when most of the nation lived in the

countryside before the 19th century. Nature had a metaphorical meaning as a symbol of gods; thus people used material resources for living. Significant changes appeared at the beginning of the 19th century when wealth increased and evolved education started to be open for everyone. People left the agrarian society and moved to the cities. Likewise, with other Nordic countries, romanticism spread from other parts of Europe to Denmark and beautiful landscapes were present in poems, paints and stories. These stories made forests desirable places to spend time in. In turn, the idea of forestry rose at the same time and timber production became goal-oriented. This started a reformation of agriculture and most of the land was dedicated to that. Only the implanted forest remained and offered a green environment to Danish people. (Jensen 1999, 9-11.) During the 20th century, the need for outdoor activities increased in Denmark because of expanded leisure time (Jensen 1999, 15). In separation to its Nordic neighbours, Denmark doesn't have every-man's-rights. Although, in 1969 the Nature Conservation Act containing a legal right of access to private forests was established. In 1992 the act was extended to include access to the countryside. In 1986 a recreation policy publication Ud I det fri – om fritif og friluftpolitik by Ministery of environment was established and in turn, in the year of 1997 outdoor recreation program *Friluftsliv* for alle was established. (Jensen 1999, 14-16.)

In comparison to Norway, where the philosophical dimension of *friluftsliv* is relatively vibrant, the Danish *Friluftsliv* is focusing increasingly to more technical meaning in outdoor activities (Gelter 2000, 88). However, Denmark has an extensive amount of forest kindergartens, an emphasis on outdoor learning, scout movement and outdoor-oriented associations. The concept of *friluftsliv* in Denmark has faced changes during the last 20-30 years. It has formulated from a simple life in nature to pedagogical ideas, aiming to gain physical activity in nature and increased focus on the challenge and personal development. (Andkjær 2012, 132.) Udeskole, a school based on outdoor teaching, targets 7-16-year-old children and is a compulsory school regularly. It is practised in natural settings and activities are taking advance from the local environment. However, although *Udeskole* is not written into the Danish national curriculum, it is used widely. Danish *friluftsliv* is recognised as an important factor in the everyday national health and a significant amount of population are engaged in

forest schooling and kindergartens as well as recreational use. (Bentsen, Jensen, Mygind & Randup 2010, 236.)

Danish adventure therapy network, the *Udendørsterapi*, was established in 2015. The network recognises, that several health and social sector practitioners are using outdoor activities in their private and public sector practice. Danish Adventure Therapy focuses on the use of *friluftsliv* and challenge. Still, the therapeutic frame of *friluftsliv* and outdoors is widespread in Denmark. (Mariager, 2015)

Sweden

The connection between Swedish people and nature has been functional. It based on farming, hunting, fishing and logging. The practical life with nature had a base for the Swedish national romanticism when artists, writers and poets had their source from nature. (Sandell & Öhman 2010, 113). The Swedish Touring Association (STF) was established in 1885 beside of National association, Swedish National Park System and Scouting movement. The aim was to promote outdoor life (*Friluftsfrämjandet*) and created organisations which provided new connections with *friluftsliv* and supported nature related cultural identity. (Beery 2013, 95-96.)

Friluftsliv pedagogy started in 1942 and had an emphasis on physical health and learning from experience but also on the connectedness to nature. (Beery 2013, 97; Sandell & Öhman 2010, 115). Nature and environmental education increased after the 1950s and became a dominating educational application of *friluftsliv* from the 1970s to nowadays (Beery 2013, 97-98). The role of *friluftsliv* changed; thus, outdoor recreation is a compulsory subject in physical education too (Sandell & Öhman 2010, 114; Beery 2013, 97-98). During 1980 and 1990s, a rise of outdoor education which was concentrated on behavioural change through stimulating outdoor experiences was witnessed. Environmental education and sustainability retook a bigger role after the 1990s. (Sandel & Öhman 2010, 113). Sweden has nature schools (*naturskolor)* in a private sector under the Nature School Association (*Naturskoleföreningen*) (Beery 2013, 98). The every-man's-rights have had its impact on Swedish perspective towards nature. In an Outdoor Recreation in Change national survey, 94 per cent of participants

said that they fully or partly agreed that every-man's-rights to protect. (Beery 2013, 101.)

Adventure and outdoor therapy are relatively new concepts in Sweden. *Vildmarksterapi i Sverige* (Wilderness therapy in Sweden) is having pilot projects among wilderness therapy. Pilots are concentrating on psychotherapy in a camping setting and targeting groups with mental health issues and in addition to Forest Bathing (*Shinrin Yoku*). (Vildmarksterapi 2018; Shinrin Yoku Sweden 2018.)

Iceland: Utivis and ævintyra medferd

Scandinavians and Brits habituated Iceland between the 870 and 890 century. They cultivated the land and started the agricultural revolution in Iceland. (Njardvik 1989, 18-31.) Farming was the principal occupation for most of the people and over the time fishing, and fishing industry became the mainstay of the economy (Hjalmarsson 1988, 13). Nowadays, Icelandic people have moved to cities, but a strong relationship with nature is still evident (NONT 2018). The Icelandic Scout Association was established in 1912, and the Voluntary Rescue Service was founded in 1918. These organisations have had a significant impact on maintaining the connection between nature and human in Iceland. Icelandic people see nature as essential and beneficial, especially for children. However, moving out from rural areas decreased the number of time children were spending outdoors playing (Norðdahl & Jóhannesson 2015, 2). Now, Icelandic schools have an emphasis on bringing the school to a natural environment to develop attitudes towards nature and a healthy lifestyle. The use of the outdoor environment has increased, and 70% of compulsory schools reported that they practice outdoor education regularly. (Norðdahl & Jóhannesson 2016, 392.)

In Iceland, systematic outdoor therapy is relatively new. Adventure therapy has been carried out among public and private sector hospitals, rehabilitation centres and private associations. It has its influence from experiential learning and tradition of German *Erlebnispädakogik*. (NOTN 2018.) However, already in 1982, the Highlanders project (HÁLENDISHÓPURINN) was started when a British organisation brought young offenders to backpacking trips to Icelandic highlands. Later on, the program was

developed, and it officially got called therapy or/and support group for Icelandic youths. (Vilhjálmsson 2008, 2-4.) The program was in function until 2008 (Vilhjálmsson 2018, 1-2). The used method can be stated to be a practitioner's own version of adventure and wilderness therapy in Iceland. The practice was carried out as a long-term journey based program for Icelandic youths with psycho-social problems. (Vilhjálmsson 2008, 2-4; Vilhjálmsson 2018, 1.)

Outdoor-based therapies in the Nordic countries

Outdoor-based therapies are not stabilized in the Nordic countries and a broad variation can be found. In Norway, outdoor-based therapy implications are called, for example, *Utendørsterapi, uterehabilitering,* (NOTN 2018), *villmarksterapi, utmarksterapi, meahcceterapiija, Modum Bad* (Fernee et al. 2015, 116) or *friluftsterapi* (Friluftsterapi 2016). In Sweden the applications can go under the terms *vildmarksterapi* (Vildmarksterapi 2019), *natur og skogsterapi* (Shinrin-Yoku Sweden 2019). In Denmark, the terms vary between *Udendørsterap*i (Adventure Therapy Denmark 2019), *Naturterapi* (Vi Natur 2019), *Gå-terapi* (Gå-terapi 2019) and Green Care (Green Care Netverket 2019). In turn, *seikkailuterapia* (NOTN 2018), *metsäkylpy,* (Forest Therapy Finland 2019), Green Care (Green Care Finland 2019) and *mettäterapia* (SamiSoster 2019) are titles for it Finland.

As shown, the discussion around the terms and definitions of outdoor-based therapies are vivid. There are national and cross-Nordic interests among outdoor-based therapies and the implications are carried out in private and public sector as well in NGOs. Some of the practitioners are integrating outdoor-based therapy in other forms of therapy and some are carrying out the practice purely based on outdoors. The Nordic Outdoor Therapy Network was established in 2017. The un-organised network had a former name as a Nordic Adventure Therapy and Outdoor Education Network. The name was changed to answer the need for a network for therapy professionals and serve all the practitioners in the field of outdoor-related practices. (NOTN 2017.) The network contains now representatives from Finland, Sweden, Iceland, Denmark, and Norway but aims to reach practitioners as well from the Faroe Islands and Greenland. The aim is to gather outdoor-related researchers together, find possibilities for further research, and to

create a cultural understanding of outdoor-based therapies in the Nordic countries. (NOTN 2017.) The network is proudly part of the 9th International Adventure Therapy Conference in Norway in 2021.

4. Research methods

This master's thesis chooses a qualitative approach and follows the nature of phenomenological research by gaining the most valid data to answer the research questions. The main data has been generated by open interviews during spring 2018. The research methodology will be opened more precisely in the following chapters.

The study aims to shed light on the following research questions:

1. How are practitioners practising outdoor-based therapies in Nordic countries?
2. What are their work-based experiences from practising outdoor-based therapy?
3. What are the understandings of outdoor-based therapy among outdoor practitioners in Nordic countries?

4.1. Phenomenological research approach

This study explores outdoor-based therapy practitioners' experiences of lived truth to understand the nature of the researched topic and to aim to find the significance of the practice for them. The analysis aims to describe and produce in-depth knowledge of the phenomenon from the perspectives of the informants. (Tuomi & Sarajärvi 2002, 33-34; Vaismoraldi, Jones, Turunen & Snelgrove 2016, 100).

The research targets to be objective and vanish the hypothesis of the researcher and not to be interested researchers own meanings. Objectivity aims to gain reliability and to create a space where the informants can have their voice heard. The researcher will make a conscious reduction on every stage of the research process. The reduction is made to meet research requirements that clarify the researcher's previews, assumptions, and definitions which researcher may hold a to identify already existing theoretical frameworks among outdoor-based theory. (Bevan 2014, 138; Perttula 2005, 135; 149; Lehtomaa 177.)

Phenomenological research aims at an understanding of human's consciousness. Consciousness leads a human to gather experiences and find meaning from gathered

knowledge. (Perttula 2005, 116-117.) Phenomenological research is targeting to provide an in-depth outlook of the lived experience (Adams & Anders van Manen 2017, 781) and examine how different individuals are experiencing the specific phenomenon (Bevan 2014, 137). According to Perttula (2005) the person can build one's understanding of lived-experience from direct emotions, constructed intuition, framed knowledge or formed believes as well by mixing these four (Perttula 2005, 123-124). Phenomenological research is targeting to gain understanding of the researched phenomena as the individuals experience it and not primarily how already existing academic theories present it (Adams & Anders van Manen 2017, 782; Perttula 2005, 133). The aim is to find aspects from the researched phenomenon which the researcher hasn't thought or came across before (Lehtomaa 2005, 171).

The phenomenological research will follow presented steps to reduce researchers own instant interpretations:

1. Critical self-reflection and recognise researchers' pre-assumptions. Self-reflection is done by discussing with other professionals and writing assumptions open with own words
2. Gathering together the material with an open interview and open mind without leading informants to any particular direction during the discussion
3. Reading the collected data carefully and creating the bigger picture out of it
4. Making a description of the material
5. Analysing the content by finding the signification of meaning and structuring findings into sub-significations
6. Creating a synthesis by gathering sub-significations together and building a relation between the sub-groups
   (Tuomi & Sarajärvi 2002, 33-34.)

4.2. Recruitment of informants

The data have been generated by open interviews with professionals who identify themselves as a specialist in the field of outdoor-based therapy. The study was constructed in interaction with respondents. Participants were contacted through social

media platforms and e-mail before the research interview by explaining the aim of the research and the nature of the interview in spring 2018.

The following criteria were set when searching the participants for the study:

1. Living and working in a Nordic country
2. Describing their practice as a therapy (and has validation from national authority)
3. Using outdoors, natural environment or indoors to provide adventure, nature or experiential setting
4. Using activities which can be defined adventurous, outdoor activity or giving lived experience
5. Working history in the field over five years

Nine professionals contacted and expressed their willingness to take part in this study. In the end, five informants were chosen to cover the width of the master's thesis research. Informants received the information letter (Appendix A; Information letter for participants and a consent form) of the study in spring 2018. Informants were chosen from the wide range of different countries, professions and used outdoor-based approaches to guarantee to gather the most valid data.

The criteria were satisfyingly met with the final informants:

1. All the participants were working and living in a Nordic country
2. Three out of five had a certificate from the national authority to practice therapy and rest two had validation for the educational services and worked in a sector of rehabilitation and social work. All participants identified themselves as outdoor-based therapy practitioners. Four out of five had professional training to carry out outdoor practices.
3. All the professionals were using the outdoor and natural environment to carry out their practice.
4. All the participators used outdoor-based activities to carry out their practice

5. Four out of five had an over five-year working history in the field; the one other had working history for three and a half years

The research included three (3) men and two (2) women. Informants age range from 29 to 55-year old. Participants were one from each country: Finland, Sweden, Iceland, Denmark and Norway.

4.3. Open interviews, interview guide and data collection

Qualitative research has various ways to carry out the data collection and interview is one of the common forms (Tuomi & Sarajärvi 2002, 74). In this study, the aim is to gather and understand how participants consider outdoor-based therapy. Therefore is was evident to use the phenomenological interview as a research method (Tuomi & Sarajärvi 2002, 74) to collect the narrations an experiences straight from the informants (Perttula 2005, 140). The nature of the phenomenological interview contains the idea that only the discussed phenomenon has been specified and open interview questions are encouraging participants to describe their lived experiences broadly without any pre-settled direction. The researcher needs to create a safe space and genuine relationship with the informant to create natural discussion and facilitate the chance for participator express their point of view extensively and from their everyday truth. (Adams & Anders van Manen 2017, 783; Bevan 2014, 138; Perttula 2005, 140). Trustful and open atmosphere requires understatement of the researcher's pre-assumptions and capability to be reflective and open during the interview (Lehtomaa 2005, 179). Researches deepen informants' answers by the follow-up questions which will come up naturally during the interview and these additional questions find details and sharpen the answer to its roots (Tuomi & Sarajärvi 2002, 78). The qualitative interview is aiming to find factual data and seeks to find the meaning of the themes in the informants' lifeworld. These meanings are found by registering and interpreting what and how informants are providing the data. In other words, the participant is providing descriptions of the studied phenomena and the researcher is aiming to find specifics from these descriptions during the interview. (Kvale 1996, 29-35.) By using this data-collecting approach is believed to gain appropriate data to find answers to the research questions.

According to Seidman (2006), the phenomenological interview builds up from three different layers:

- Contextualization (Eliciting the lifeworld in natural attitude)
- Apprehending the phenomenon (Modes of appearing in natural attitude)
- Clarifying the phenomenon (meaning through imaginative variation)
  (Bevan 2014, 139-142; Seidman 2006).

This study followed this line to create the interview guide and questions to understand the studied phenomenon as openly as possible to gain answers to the research questions. Interview guide can is as an attachment in Appendix B: Interview guide.

Contextualization focuses on the informants' life history, which will provide the context for the studied experiences and understandings. By the contextualization, the participants can reconstruct lived experiences in the form of a narrative. The narrative highlights will be the base for further questions on the next stage. (Bevan 2014, 139.) On the second stage, the researcher approaches the phenomenon with the directed focus on the significant aspects of the research. Focus provides a basis to sustain the phenomenological reduction, focus on the data and avoid the researcher's interpretations. (Bevan 2014, 140.) The last stage clarifies the phenomenon by providing a chance to the participants to reflect the meaning of the experience. In this phase is used imaginative variation which will be included in the data analysis and targets to find answers to sub-questions. (Bevan 2014, 141.)

Interview questions were formulated during several consultations with the research's supervisor to serve research questions and aim to find the significant data out from interviews. The final form for interview questions was agreed with the supervisor and interviews were carried out during spring 2018. Interviews were recorded and hold approximately one hour by Skype or phone. The used language was English. After the interview, the participant could check the transcribed data and clarify their answers if needed. In the end, participants had a chance to read the interpretations of the researcher and verify the accuracy of their statements.

4.4. Data analysis

The phenomenological research is a process of the hermeneutic cycle of interpretations. Informants are providing statements of interpretations of their lived experience and interpreting those again during the interview. During and after the interview, the researcher interprets the interpretation of the informant. This process creates a double-hermeneutic cycle. Therefore, the data needs to be analysed carefully with time and the material has to be rewritten several times. (Bevan 2014.)

Laine (2002) claims that qualitative data analysis should follow the following guidelines:

1. Strong decision and restriction of the researched phenomenon from the gathered material.
2. Separate aspects which go in line with the chosen phenomenon.
3. Gather marked data together and separate that from the other research material.
4. Choose the method for data analyses.
5. Write a conclusion.
   (Tuomi & Sarajärvi 2002, 94-95.)

This research followed these guidelines from the beginning of the data analyses. The generated research material has been read several times. The data was transcribed and sent to the informants to check the validity. According to the responses, the data was detailed and cleared to the form to meet the truthful material provided by the informants. Proofed material was read several times to find the most profound data to answer the research questions. After that, was decided on the method for the data analysis

The analyse was done by thematising. In a phenomenological study, data might include multiple meanings and researchers need to pay attention to identify them (Vaismoradi et al. 2016, 101). Thematised analyse aims to logical reasoning and interpretations. First, the material is thematised sub-categories, then conceptualised and in the end, reconstructed to a trustful conclusion as a form of research results. (Tuomi & Sarajärvi

2002, 110.) Mentioned sub-categories are in line with the leading research theme but focus more on specific elements. (Vaismoraldi 2016, 102). The formation of the sub-categories is based on a similarity between the used words or sentences which shares the meaning (Tuomi & Sarajärvi 2002, 111) and repeats ideas (Vaismoraldi et al. 2016, 101). This part of the research seeks the underlying meaning in the participants' words and the purpose of the theme is to elicit the essence of the participant's experiences. (Vaismoraldi et al. 2016, 102). Identifying themes in qualitative research is a combination of systematic work with the gathered data, researchers' intuition and a cycle of interpretations. Vaismoraldi et al. (2016) are proposing to follow four phases on theme development: initialisation, construction, rectification and finalisation.

Initialisation includes the reading of transcriptions and highlighting meaning units, coding and looking for abstractions in participants' accounts and writing reflective notes. By reading and re-reading transcripts researcher will gain an overall understanding of the material and studied the phenomenon. Reviewing will lead to the preparation of focusing on the most critical data. (Vaismoraldi et al. 2016, 103-104.) Afterwards, coding of the key elements helps to break material into smaller, more manageable sections (Vaismoraldi et al. 2016, 103-104). In this study, this was done by finding codes for used philosophy, client group, used activities and used environment. Besides of the coding was done reflective notes, which helped to avoid interpretations from the researchers' experience and being faithful to participants answers. (Vaismoraldi et al. 2016, 105.)

After initialisation follows construction, where the researcher classifies, compares, labels, translates and defines the data. Researcher organises the codes and compares their similarities and differences related to the research question in this phase of data analyses. (Vaismoraldi et al. 2016, 103-104.) In this research was used typification where the codes were gathered together under a typical similarity. After that, different types were compared to each other to enable to find other themes which didn't bring up in the previous steps. (Vaismoraldi et al. 2016, 105.) In this study, themes were changed through the comparing, because first themes were too abstract and overlapping with each other. By labelling, codes were sorted to groups where the informants' answers

shared the meaning. These labels were translated to concepts which are serving the research questions. (Vaismoraldi et al. 2016, 105.)

In a phase of rectification is made verification by checking that the themes are answering genuinely by the provided data. Rectification requires that the researcher is having a distance to the data and can reveal themes to answer o the need for the research. (Vaismoraldi et al. 2016, 106.) In this study, themes were changed again in this phase when consulted the researchers' supervisor. The previous version was a list of themes without connection to each other, and they were hard to grasp because of their abstract nature. Finally, suitable themes were found and they were stabilised by checking that they are creating a narration with each other. (Vaismoraldi et al. 2016, 106.) The finalised themes were "practice ", "experience" and "understanding" by creating a narration from participants practice by following to express the experiences among the practice and in the end to present why and how practitioners are understanding their practice and experiences.

4.5. Ethical considerations

Data Protection Official for Research, NSD, Norwegian Centre for Research Data (Personvernombudet for forskning, NSD, Norsk senter for forskningsdata AS) approved the request for the ethical clearance. All participants were informed via information letter (Appendix A) before their decision to take part in the study. After the decision, they were asked to sign the consent form. All participants were adults with full capacity to understand the provided information about the research and sign the consent form. They were informed that they have the right to withdraw at any time without explaining this any further and encouraged to ask questions if it's needed. Informants were working with marginalised client groups in a narrow field of therapy. Therefore, sensitive and special attention was given conducting the study in a protected framework and maintaining the anonymity in every stage of the research.

Data was gathered through internet calls with a secured internet connection. The data was audio recorded, transcribed and processed with the researcher's computer. Collected data was kept on a password protected computer accessible only to the researcher.

Anonymity was maintained by using codes such as interview 1, interview 2 and so on. The data were treated with confidentiality and destroyed straight after completing the research. Overall, the research has been designed transparently and designed to ensure the emotional, psychological and physical protection to ensure the dignity of the participants.

4.6. Strengths and limitations

In qualitative research, when the material is relatively narrow, it is vital to find informants who have enough qualitative information and experience of the studied subject. The strength of this research is that it aimed to find professionals from different countries, holding both genders, had variety in their age scheme and presenting different professionals from the social and health sector. Informants were one from each Nordic country and used approaches varied broadly from Forest Bathing practice to Adventure Therapy. The research captured the experiences from the professionals with the validation of a therapist and educator. The first aim was to include only validated therapists. However, in the final version, it wouldn't answer truthfully to the situation in the professional field at the moment where the concept of therapy is overlapping with therapy and education.

The research recognises that the study holds the number of limitations and a few elements of the research design would be executed differently with gained researchers' abilities. Firstly, the research has a nature of the master's thesis. Therefore the time range and researcher's skills to provide research was on a stage where the abilities were practised the first time. The lack of professional skills to carry out a high-quality study didn't offer a possibility to gain advanced in-depth analyse. If the amount of time for the research and supervision would be more convenient, and the study would provide a larger sample size, it could offer a more comprehensive and realistic understanding of the researched topic. Research recognises that further research needs to be done to strengthen the study.

Secondly, the study design follows the nature of phenomenological qualitative research and contains only five open interviews where participants were encouraged to tell their

lived truth. Therefore the data consist of personal experiences from individuals in their own words with their non-native language when the study was carried out in English. Open interviews leave responses up to personal interpretation and raise the possibility of false interpretations. The reliability was aimed to ensure with the enquiries of the verification from the informants to avoid miss-interpretations. If the range of informants would be more extensive, it could include more variety and strengthen the results. The phase of the data-analyse was a long process and included various times when the themes were changed before the final version.

However, the phenomenological research has its strengths as well. The aim was to gather the experiences from informants life-word; hence, the phenomenological approach was an appropriate method to collect the data. Terms adventure, wilderness, outdoor and nature-related applications are overlapping, and there is no universal agreement on how to define outdoor-based applications. Non-structurisation leads to the fact, that the topic needs further research by examining how practitioners are seeing their interventions, why they do things how they do and how they define their practices. As well, even when the study contains only five interviews, it can be seen a deep and vivid method to understand the lived truth of the informants. Therefore, it is justifiable to have restricted material in a master's level research. (Tuomi & Sarajärvi 2002, 78.) The aim was to build a strong interaction between the researcher and interviewees to create a secure and trustful environment for the participants and provide the most valid data. The gained reliability has been maintained by creating a trustful discussion atmosphere with the informants. Informants were contacted several times and the reliability of their statements was ensured. Gained data was broad and it needed to handle carefully multiple times. The thematised data-analysis was an appropriate approach to find the most significant data and answer to the research question to present the most valid results to the audience. In addition, the reliability of the study has maintained by providing transparency through the research process and expressing the researchers own assumptions and role in the field.

The study has been made with satisfying reliability by consulting supervision through the process. Results and their validity has been checked from informants by ensuring

that their voice will be heard. The researcher has had an effort to maintain the neutrality but posses the awareness of the influence of personal bias and worldview. This has led that results will inadvertently have personal interpretation.

Due to these facts, the reader needs to take under consideration that the results are not competent to be generalised. The findings of this study are nevertheless informative and they have transferable elements to the professional discussion of outdoor-based therapies.

5. Presentation of the results

The following chapter will scrutinise the practices, experiences and understandings of outdoor-based therapies as based on the results of the phenomenological research conducted in this thesis. Results will provide an overview of the information and common themes that have emerged through the open interviews. Results are divided into three main sections to answer every research question separately. The first section will respond to the question "How are practitioners practising outdoor-based therapies in Nordic countries?", by opening up the informants' professional stage, presenting the actual practices, the aims of the methods and the physical and temporal environment. The second section will answer to the question "What are their work-based experiences from practising outdoor-based therapy?", by presenting practitioners ideas about the professional requirements, experiences in using outdoor environment and how and why they started to use outdoor-based practices in their interventions. The last section will answer to the question "What are the understandings of outdoor-based therapy among outdoor practitioners in Nordic countries?" displaying the results of how practitioners understand outdoor-based therapy and how it shows in their answers through data-analyses.

5.1. Practitioners professional base and used approaches

One of the aims of this study was to present how practitioners are carrying out their practice. This chapter will explain what kind of a professional base the practitioners have, which methods they perform in their practice, why they have chosen to use group modality and in which environment the practice is carried out.

Conceptualising the professionals' practice

One of the primary aims of this study was to examine how practitioners are practising outdoor-based therapies. To answer this question the practitioners' working approaches, used frameworks and working places need to be clarified. The professionality of the practitioners, the client groups they work with, as well as their working locations, will be presented first. , Afterwards, the used environment, length of a single session and the

entire process and the focus of the practice will be defined. These definitions will give a concept for further presentation of the results.

Informants have diverse educational and professional backgrounds from the social and health care sector. Furthermore, they hold various outdoor-based certificates and trainings and their used concepts for the practice varied. Informant A holds his professional background in a psychiatric nursery, wilderness guiding and short cognitive therapy. He has studied adventure education in an open university. He has worked in a children's psychiatric department as a psychiatric nurse and holds professional experience from child protection. Now, he works as a private practitioner and carries the practice out by himself or with a colleague who is either a psychiatric nurse or an occupational therapist. In total, he holds over 20 years of working experience from the field of outdoor-based implications. He works primarily with youngsters who are having behavioural challenges. The practice is carried out as a group process, which includes three to five clients in a nearby outdoor environment which can be described to be desolate from the urban environment yet not wilderness. One group session runs from three to six hours and one group is met several times regularly over months.

Informant B has a Bachelor's degree in outdoor life, including studies of sport pedagogy. He works in a rehabilitation centre as a project leader in an outdoor life program. He works in a multi-professional team with a sports instructor, physical therapist and assistants. He is working with two different client groups; one with 9 children between the ages of 5 and 16, another one with 16 people between the ages of 30 and 70. Group members can hold various somatic and physical disabilities. The process includes a session once a week lasting from one hour to a full day. The sessions run for three to four weeks when the clients are staying in a rehabilitation centre. The practice is carried out in a nearby environment of the rehabilitation centre and focuses on enjoyment, learning and well-being in an outdoor environment.

Informant C has worked for over 30 years as a pedagogue in a children protection unit. The work includes enabling children to live safe everyday life as well as in affords

different group projects for youth at risk, such as therapeutic outdoor programs for lonely children or adolescents with psychological issues. He defines his practice as an outdoor life pedagogue or as a therapeutic program. He works in collaboration with other pedagogues from the unit. Projects can run over several years, and the group is meeting regularly over the project time. He utilises the nearby environment around the unit, but besides, occasionally organises longer two to three-day trips to different outdoor locations.

Informant D has extensive educational history, including certificates in clinical psychology and Forest Bathing. She has also studied Zen Buddhism and mindfulness and mindfulness-based therapy. She works as a Forest Bathing guide also known as *Shinrin Yoku* in the Japanese tradition. The intervention can also be referred to as Forest Therapy or Forest Bathing. She works in a clinical psychiatric unit as well as a private practitioner and carries out Forest Therapy procedure in collaboration with a psychotherapist. Her clients are mainly adults with psychiatric needs, and she is aiming for social repair and stress reduction with her practice. The intervention is carried out as a group process in the nearby forest where one session holds a maximum of three hours. The clinical group is coming to the intervention once a week for six weeks.

Informant E is working in youth psychiatric hospital as an occupational therapist. She holds further training in adventure education and experiential learning. She works in a collaboration with physiotherapists and occupational therapists. Her clients are youths, and the practice is carried out as a group practice. She holds an adventure therapy program twice a week for a maximum of three hours for groups in a nearby environment of the psychiatric hospital where she utilises experiential learning. The whole group process holds for 8-12 weeks. The focus is on social skills and self-esteem.

In the following table (Table 1) the similarities and differences in informants' answers are illustrated:

Table 1: *Conceptualising the professionals' practice*

	A	B	C	D	E
Works in a rehabilitation centre		x			
Works in hospital				x	x
Works in a child protection	x		x		
Works as a validated therapist	x			x	x
Works as a pedagogue		x	x		
Works with children and youths	x	x	x		x
Works with adults and old ages		x		x	
Work in teams	x	x	x	x	x
Works with psychiatric issues	x		x	x	x
Works with disabilities		x			
Using natural environment	x	x	x	x	x
Using neaby nature	x	x	x	x	x
Duration 1-3 hours		x		x	x
Duration 3-6 hours	x	x	x		
Duration for 1 day			x		
Duration over than 1 day			x		
Social environment: group, peers	x	x	x	x	x

Social environment: therapist working with the client one on one					x

As shown above, similarities can be found in practitioners having their practice in the nearby environment, in working in collaboration with other professionals and in carrying out their practice as a group process. The duration of the practice is relatively short, mainly focusing on 3-6 hours. Only practitioner C told that he uses interventions overnight to one to two days trips. Differences can be found in various professional and educational backgrounds. These backgrounds hold validated forms of therapeutic work from occupational therapy, cognitive psychotherapy and clinical psychology.. Informant B and C identified their work as an outdoor-based therapy, but they 'don't hold any certification from the field of therapy. They worked in their profession as a pedagogue and project manager. Also, the practitioners working places varied but included social and health sector services in the form of hospitals, rehabilitation centres and private practitioner form the field of social work and child protection. The client groups varied from children groups to old ages as well from the psychiatric sector to physical disabilities. The working history of the informants differs a lot. Informant A and C have already worked among adventure therapy for over 20 years when in turn informant B is about to start his career among outdoor-based therapy and had been working for only three years when the interview was carried out. His current work with people with disabilities also differs from other informants who mainly focus on the psychiatric issue in their work.

Approaches and frameworks in practice

The analysis revealed that practitioners are holding various ways to carry out their practice. The implications varied from the classic adventure and outdoor education therapy forms to using outdoor life (*friluftsliv*) and Forest Bathing as a base of the therapy practice. Often the approaches were a mixture of several methods.

Informant A's approach has similarities with adventure and outdoor education, wilderness skills as well as with experiential learning. Besides, he uses traditional outdoor life skills to carry out the practice. He explains that he cannot address the exact framework which he is using: "I don't know if I can find any particular frame for it --- I use a lot of this cognitive and solution-oriented approaches" and refers with this to his therapeutic implementation. He aims to gain positive change and growth in a person through a challenge and group process. Informant C has similarities with this approach. He tells that he practices *friluft*s-pedagogy also known as outdoor life pedagogy. He defines his framework to aim to gain self-confidence, making better relationships and enable stress-reduction through adventurous activities. He tells that he uses nature as a frame for the work. He addresses the same activities and main goals as informant A; his aim in his applications is to gain positive outcomes through mastering, such as self-esteem, trust, co-operation skills and confidence through challenges. Informant E tells that her approach has a base in experiential learning. She also has an emphasis on nature connection and outdoor life. She explains that: "it is [outdoor therapy] a group therapy process for individuals who have inner obstacles, psychiatric problems or self-esteem problems, some kind of internal personal problems. And the nature part of the therapy would be them using the nature and the elements of the nature to support them in their personal process an in the group process to learn about themselves and overcome the internal barriers."

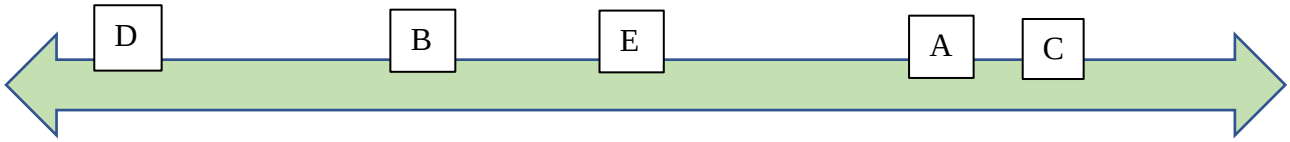
Informant B focuses on traditional outdoor life, environmental education and wilderness skills in his practice. He describes that his framework is focusing on keeping things simple, learning from nature and getting 'one's mind away from their issues. Informant D relates her practice to the framework of Forest Bathing as expressed by *Shinrin Yoku* in Japanese tradition. Her practice is following the structure of forest bathing with three standardised invitations to gain a better connection with the surrounded nature and themselves. She tells that she aims to slow down, opening the senses and to enhance nature connection, which causes stress-reduction and social repair.

Next picture (table 2) will illustrate where the practitioners are standing in a line from "being" to "doing". Being refers to the use of stillness and mindfulness, where the

person's arousal or stress levels are not rising. Doing refers to the use of activities which are requiring a lot of movement, high arousal levels and increased stress levels. The approaches used are situated along this line and presented where the practitioners are standing according to the results.

Table 2. *Approaches and frameworks*

Being”		“Doing”
Forest Bathing	Traditional outdoor life skills	Adventure education
	Environmental education	Adventure therapy
	Experiential learning	
	Wilderness therapy	



Informant D is focusing on Forest Bathing, stillness, and being in nature. Informant B is using the natural environment, learning from nature but uses traditional outdoor life skills as well. Informant E emphasises nature's role in her approach, but her framework is mainly from experiential learning. Informant A and C are both using traditional outdoor life skills and adventure activities.

Adventure & Wilderness Therapy, Experiential Learning

Through data-analyses, more specific traits from adventure therapy were found. Informants A, C and E and address the use of adventurous activities such as abseiling, climbing and canoeing. Informant A and C told that they include individual and group challenges in their practice and aim to gain a sense of mastering through them. Informant C says: *"The good experience in outdoor therapy will give you a whole body experience from the mastered task, which will have a big impact on you."* He continues to explain the importance of the natural activity, mastering and the instant feedback gained through the challenging activity*: "Climbing in high places and you have done something that your body is shaking, you're tired --- it is not something that someone is*

*telling you something, it is that you feel it, it is the instant feedback—. "*Informant A addresses as well the natural feedback from the activity itself: *"Experience different feelings and gain an understanding of how they do things, why they do things and what feedback it raises".* Informant A explains that the challenge is aiming to a have a change in participants' self-image by feeling the uncertainty*: "a clear goal for the recognition of self-esteem and emotions, to process and express --- to development of realistic self-image. Activities challenge the participant to try their limits and ability -- being challenged to test personal resources and how to react to fear and how to control fear and uncertainty".* As well the concept of transfer raised in informants A and C answers. The aim is to transfer the gained outcomes to the everyday environment. Informant C explains that achieving a good experience of yourself and mastering a task will cause a good circle, which can create good things in an everyday environment.

Informant A brought up also classical traits from the experiential learning beside adventure therapy and wilderness skills in his intervention. He tells that he uses different exercises to gain trust and group cohesion*:" --- different "get to know" -tasks, trust exercises, and then we made rules for the group, designed for what is done during its spring [therapy process] and created a frame. --- exercises aimed at group work and interaction skills and then in personal challenges, individual performance."* Informant E tells that she uses experiential learning in her implementations. She continues that by experiential learning, she aims to ease participants' internal obstacle and psychiatric issues. She also intends the group to start working by themselves and the therapist does not involve herself too much, which is common to experiential learning. Also, aspect of reflection came up in answers such informant A tells*: "--- Then, in the beside of the activities, we reflected what has happened and what thoughts it brought up – what we do is, that we reflect and think how to transfer gained skills to home afterwards."*

Table 3 will illustrate more specifically the related activities and aspects to adventure therapy and experiential learning.

Table 3*. Adventure therapy and experiential learning: activities and aspects*

	A	B	C	D	E
Climbing	x		x		x
Hiking, canoeing	x		x		
Sailing and sleeping in tents			x		
Abseiling, snowshoeing and navigating	x				
Caving					x
Using a challenge and uncertainty	x		x		
Using natural and meaningful activities (not example games or	x		x		
Using grouping and trust games and activities	x				x
Using reflection	x				x
Aiming to bring up emotions	x		x		
Aiming to gain mastery	x		x		
Aiming to gain better self-esteem, sef-confidence and self-development	x		x		x
Aiming to gain feedback through acitivity	x		x		
Aiming to cause transfer	x		x		

Outdoor life and Forest bathing

Presenting results will next concentrate on findings related more on traditional outdoor

life heritage (*erä- or friluftsliv* tradition) as well as in Forest Bathing (*Shinrin Yoku*). These results are presented separately from the adventure and wilderness therapy and experiential learning. The focus of application seems to differ from the previous frameworks; hence, the core of the interventions are on connection with nature, learning from nature and being mindfully present. This chapter aims to continue to clear up what the practitioners are doing in their practice.

Traditional outdoor life, as well as outdoor and wilderness skills, came up from the interviews through the analysis. Informant C and B use term *friluftsliv* in their answers when describing their practice. Informant A doesn't mention that he uses traditional *friluftsliv* or *erä-tradition* as his framework. However, his answers are opening up that he stands in a place, where traditional outdoor skills and being in nature is present in his practice. Informant B uses the natural environment and wants to provide a possibility for clients to connect with nature through traditional nature activities. He wants to address that he wants to keep things simple: *"So, the most important thing is to keep it simple -- focus on the things that you can learn in nature. I want them to know something about what we are doing, different species of animals and plants --- to know more about fishing or hunting or making a bonfire or looking at birds. --- that we are going to use a knife and axe --- ".* He says that his main aim is to gain people's interest in nature, being mindful and achieve positive psychological outcomes through meaningful activities.

Informant D uses Forest Bathing in her approach. This approach is a Japanese tradition to utilise the forest environment and it has no straight relation to the Nordic Outdoor Life. She explains how Forest Bathing tradition has developed during years and enhances the connection with nature: *"-- I try to shift from the dualistic perspective where I'm as a human being, walk out to the forest looking at the forest, and then I go home, and the forest is out there. --- It's more like trying to erase that little bit, the distinction between me and the forest to see that I'm a part of the forest when I'm in the forest."* She addresses that the connection with the living world is gaining repair in human. She guides participants by following the international forest therapy institute protocol: *"---- the first stage is just to leaving our dualistic urban way to being and*

guide into the forest, in the forest all the invitations usually put out in the stage where the time and space diminish, we call this illuminated space. --- And then we end to the tea ceremony, which brings us sort of back into our daily activities."

Table 4 will illustrate more specifically which activities and aspects of traditional outdoor life or Forest Bathing informants are using.

Table 4. *Traditional outdoor life and Forest Bathing: activities and aspects*

	A	B	C	D	E
Learning from the nature		x			
Fishing	x	x			
Hunting		x			
Bird watching		x			
Making a bonfire	x	x			
Use of knife and axe		x			
Canoeing	x	x			
Navigating	x				
Walking in the forest				x	
Aiming to gain motivation	x	x			
Being mindfull in nature		x	x		
Nature connection		x	x		x

Focus getting mind out from the issue		x		x	

Group modality

The outdoor-based therapies were carried out as a group process. Through data-analyses were seen that the group is an important aspect of the therapy. Results showed that group modality enabled to strengthen social and group skills, offered social repair and peer support as well as enhanced individuals emotional control, behaviour, self-esteem and self-confidence. Informant C opens up the effectivity of group process for the individual. He claims that in a group work a person can change one's focus from oneself to the activity which is carried out together*:"When clients ---- work as a group, the focus is not on me or you, the focus in on the activity."* He continues that in outdoor-therapy practice the group work is efficient. The participant can't drop out during the action which will gain positive outcomes in a form self-confidence*:"The difference is that, if you feel uncomfortable in the group outdoors, you can take a step back and not to be so active for that time, but you're still in the group. --- In the outdoor setting, this supports good self-confidence, and you can decide what is your input and situation in a group based on your feelings."* Informant A adds that through the group process participants maintain to realise that they don't need to survive by themselves*:"---they had to practice these group skills, social skills, how to help, how to ask for help --- just to notice that in demanding tasks when it's done together the result is usually good and no-one needs to do it alone and the group has the power"*. Influence of peer group emerged in the analysis. Informant E stated that the peer group is one of the most critical factors in outdoor-based therapy*: "I always try to step back as much as possible because the outcome of me as a therapist intervening is so much lesser than peer support. ---And it is just they get out from each other so much more, they kind of assimilate with each other – the peer support is so important feeling for us."*

Informant D has noticed the significant social repair in nature: *"And one thing which usually happens --- social repair which usually doesn't take long --- not because we have been using so much time interacting, but because of the nature connection and*

social repair arise together.--- When social repair arises the original happiness arises as well ---." She continues that nature and group work together to create a place for the group where the group feels safe*: "Many people feel genuine sadness when the group stops because this is what they want to continue to do the rest of their lives, which is quite interesting actually. This is people who normally say no to all social gatherings, and have difficulties to even participate in the therapy and because it is demanding. I would say that it is, mainly positive, almost shocking positive."*

Environment and duration

Informants used the natural environment as a working environment. The outdoor environment provided a feeling of freedom to the informants by offering possibilities to adapt to the outdoor environment to their work. Freedom was experienced especially when they didn't need to reserve any space or follow someone else's timetable to carry out their practice. Informant B uses the natural environment as a learning environment to occupy participants mind with something meaningful and away from their disabilities. Informant C adds that outdoors gives a natural purpose to be active, and in nature, people are naturally longer together. Informant D says that nature will provide a changeable environment to carry out the practice: *"- - We are working with an ecological environment that changes every minute, it's not like a room which stays stable ---".* All the informants used a nearby environment to carry out their practice. Informant B tells that they were using long-distance trips for their clients and participants needed to use cars and snowmobiles. He felt that the method would be more meaningful for the client's if they could do the transportation to the natural environment by themselves. In addition, he hopes that participants could transfer learned skills to their home environment*:" --- I keep things more close to the centre and using less equipment --- So, it doesn't mean to be extreme expeditions --- it could be the garden, it can be in the schoolyard or a small park. The important thing is to be outside and do something nearby, so it is easy to at least for our patients to continue to do that at home."* As well, informant D wants to transfer the practice to the client's everyday life and uses the nearby forest in her application. Informant C stated that the clients' endurance could not be held over three hours, so it was evident to use the nearby environment.

Informants used short-duration interventions. Often interventions were held for three to six hours, sometimes for a day and rarely over a day. Frequency from the interventions varied from 2 weeks to over a year. The short duration was explained because of the use of the nearby environment, with the endurance of the participants and with the protocols.

5.2. Practitioners work-based experiences of outdoor-based therapy

One of the goals in this study was to present what are practitioners work-based experiences from practising outdoor-based therapy. Through the data analyse were found results explaining why practitioners have chosen to use outdoor-based applications, showing their views of what skills outdoor therapist needs to hold and how they experience the outdoor environment's role in their practice.

Finding an alternative treatment modality

Analyse indicated that all practitioners found outdoor treatment modality attractive based on their own experiences on their life history. Therefore they started to integrate or use the outdoor-based therapy in their practice and later on got a confirmation by noticing the effectiveness and usefulness as well in clients' situations.

Unitive factor in informants' history is personal interest towards outdoor-based applications and willingness to provide similar encounters to the participants that they have had in their outdoor experiences. Informant C tells that his hobbies lead to his profession: *"I tend to propose youths' activities which I enjoyed as well, and kids came along to those."* Informant E says*: "First of all, it was my personal interest because I'm a former scout and I have always been out in nature. --- And combining those two things, nature and therapy together made so much sense for me.---".*

Personal need and belief to the positive factors of outdoor-based practices leaded informants to find information about outdoor-based practices, educate themselves and creating new programs either in their workplaces or started their own company. Informant D tells that her employer gave her a possibility to practice outdoor-based

practices besides the main job even when the research evidence was narrow: *" - - - I had a stroke of luck I think, because in my workplace they gave me space to try it out to complementary treatment next to the ordinary treatment that we give for anxiety, depression, and exhausting disorder."* Interviewee B noticed that present applications were not serving clients and set up new programs*: "- - - we were often going on the longer trips - - - Many of our patients couldn't get there by themselves -- So, I thought that it would be more meaningful for our users to go somewhere where they can get there by themselves. --- So I developed kind of systems that suits for different groups".* When starting to practice outdoor-based implications, informants saw the difference in their everyday practice and got a confirmation to their assumptions that the application is influential.

Practitioners experiences of the professional requirements to carry out the practice

Analyse shows that informants are sharing the understanding that practitioners need to hold skills to do therapeutic work as well as skills to utilise outdoor environment and activities. Soft skills were described to have a sensitivity to see all members and their individual needs in the therapy group, dare to help participants to face their challenge and have excellent communication skills. Validated therapist addressed the importance of therapeutic knowledge of psychiatric problems and gained professionality in therapy. Informant D tells that holding a therapeutic knowledge is an advantage in working with people: *"-- it is important to have skills as a therapist --- is to see the difference. I have assessed them; I'm clinically skilled in treating depression and anxiety and exhausting --- when I'm out with them at the forest I can detect more of what they need and adjust my language."* Informant C doesn't see that education will guarantee skills to work with people. He arguments that suitable personality is the key to do therapy work. *"The most important skills are your personal skills --- If you want to work with people, you have a big heart, and you understand people ----. Education is important as well, but if you don't have good human skills, it is hard to work well with people. The best professionals are not necessarily those people who have the longest education."*

Adventure and Outdoor skills were mentioned in many answers. Informant A wants to address that if one is using outdoor activities, skills to do that need to be self-evident to

the professional: *"First of all, it requires skills to move in nature, the skill of reading nature and the ability to survive, that you know how to do the fire. --- And then again adventure activities, climbing and things, one should have under control."* Informant C wants to lower the threshold for the practitioners*: "It doesn't require any special skills to do therapy outdoors, as long as you can walk and have even a small road. When you have more outdoor skills, you will have more possibilities to use nature and outdoors in your practice. It is often misunderstood that you need a lot of outdoor skills to bring the therapeutic work outside."*

Informants also underpin the fact that practitioners need to find outdoors as an enjoyable and familiar environment to practice outdoor-based therapy as informant B says: *"And I think it is important that you have interest in being outside yourself and like that you also enjoy being outside along the patients. That is not just work, it is something you can enjoy yourself."* Informant A continues with the same thematic*:"--- and nature is a familiar element. Not to be afraid or to wonder about what to do here. That you may be relaxed and free."* Informant C agrees with others*: "If you want to use outdoors in your practice, you can do it, the passion and interest towards it is the most important thing."* Results show that informants find it essential to have a genuine interest towards outdoors and it doesn't require massive skills to carry out the outdoor activities. More importance held in soft and interaction skills.

Experiences of the outdoor environment

All informants were addressing natures role in their implementations despite the practice's emphasis on either adventurous elements or being mindfully present in nature. Nature's role was praised. Respect towards nature was transparent in every statement. In practitioners' experiences, nature offered physical activity and action-centred setting to carry out the practice, had a significant impact to client's holistic health, provided a deeper connection to internal self, to others and with nature as well as enhance the social relations and social repair.

Action-centred use of outdoors was seeing to offer engaging activities which are motivating participants naturally. Informant B tells*:" Lots of smiles on their faces. It's*

quite easy to lead up the motivation, nature kind of speaks for you". Results showed that inside of adventurous activities, nature itself provided a place where to test one's limits, feeling of mastery and gain straight feedback from the natural environment. The outdoor environment provided physical and psychological benefits at the same time. As informant B says*:" The biggest advantage is that you can be both active physically and gain some kind of health effect psychologically. It is a more complete package."*

The belief and knowledge of nature's healing element brought up in all informants' answers. They recognised the healing factors were causing stress reducing, raised immune system and decreases the blood-pressure as well as how nature impacted human neurology and psychology. The main emphasis was on stress-reducing in both ways either being highly active inside of adventurous activity or through stillness and mindful being. Informant C describes the natural environment as a relief for the human brain: *"Nature offers a break from demanding, modern life. Modern life is full of interruptions, so many things to be aware of, and the human brain is not built for that. When bringing the therapy outside, people can go away from this life which is demanding too much from the human brain. There is stress reducing."* Informant D explains that in nature, well-being raises*:" people actually often, they really feel better, they get happier, you can see that from their faces, they experience well-being"*.

The natural connection was emphasised in the answers. It was seen to be a key to connect as well with ones internal self as well with other people. As informant E addresses how nature enhance psychological well-being through the nature connection: *"--- how they are more able to connect their internal self --- it is so visible for people who have been struggling with connecting with their inner self to be out in the nature it is so changeable and I kind of feel that nature brings this growing element to peoples personal growing."* Informant D continues*: "-- I can see so far are the benefits - -- are that people entirely overwhelmed --- They reconnect to the people around them, their spirit rise, you can see them smile they laugh, they even make jokes. They come out of themselves, they are not self-absorbed, they have found fantastic things --- they feel supported, they really do the social repair --- because they can be quiet and they are in an environment where they feel home, they feel safe because they are guided, they are in*

the group and they have a leader, a guide." As well the aspect of spirituality raised in informants' answers through the analyse. Results showed that nature was seen as a place where one can experience something more profound than in everyday life in the urban environment.

Nature was described as a co-therapist as well as the main therapist. Informant D addressed that the forest is doing the main work, and she is working as a guide and associates herself as one of the trees. Also, informant E saw nature as her co-therapist*:" nature as my co-therapist provides a supportive and nurturing environment to work on".* Furthermore, a differing perspective of natures' role as a therapist raised as well. Informant C doesn't believe that nature could contribute the therapeutic work without a human. *"Nature is used as a frame for the work --- I'm not seeing that as a place which heals human just by itself. Professionals need to be good with people and have professional skills to use nature as an environment to carry out their practice effectively."*

Practitioners were addressing the differences in their experiences when they practice therapy in an outdoor setting. They felt that the environment would create a space where new strengths and challenges can appear and those can be dealt with through the therapy process. Some informants thought that they get different answers and gain a better connection with participants in the outdoor environment. They also added that participants don't get that distracted in the outdoor environment. Nature was seen to offer a place where people spend a longer time together. It also creates a place where participants can't run away from the challenging situations but at the same time offers a safe place to step aside if it's needed without leaving out from the group. Informant A explains it as following: *"--- not the same as indoors, where there is a chance to shut the door and decide that I don't speak with you and I just leave -- This provides the opportunity to deal with things up to the end if there is a tight place that ends up being dealt with and cannot escape."* Informant E describes the differences in group process as following*: "---or need their own time in the group they can step back in nature and they are not losing the connection with themselves. And nature also provides more distance so you can choose how big is my challenge now and how close I want to be in*

the group now, or out of the group but ---- so nature provides that. It is just, its more supportive environment for people that have difficulties being in the group."

5.3. Practitioners understanding of outdoor-based therapy

Thirdly, the study wants to answer to the question of what are the understandings of outdoor-based therapy among practitioners to open up how they define their work as therapy and how they argue of the efficiency of their practice. The data analyse showed that informants gave statements which pointed out the difference between the therapy and recreational activity and explained how they set goals and design the practice. As well, the data analyse revealed aspects of cultural relations and views of differences between used approaches and arguments to prove the use of frameworks.

Therapy as a treatment intended to relieve or heal a disorder

Informants recognised themselves from the enquiry for the participation. One of the main criteria of the research was that practitioners are carrying out an outdoor-based therapy form in their practice. Three out of five informants hold a national validation in therapeutic work. Two of them didn't conduct the validation, however, recognised themselves from the enquiry. Analyse showed that informants are aiming to treat symptoms through the therapy or seek to enhance participants life quality. Informants A, C and E were working to address the issue in their practice and aimed to relieve it through the therapy process. Informant A says *that "---it is that it is action-centre, I use a group form, functional therapy with a clear goal for the recognition of the self-esteem and emotions"*. Informant E states that*: "---it is a group therapy process for individuals who have --- some kind of psychiatric problems or self-esteem problems, some kind of internal personal problems --- to support them in their personal process an in the group process to learn about themselves and overcome the internal barriers."* Informant C tells that the aim was to*: "give kids a good life --- Children stay there for many years, the community is like a home for them. They make troubles in society, small criminals stuff, and we aim to provide a happy life and possibilities for change for them."* Two informants were not having highlighted focus for the present problem instead of trying to change the client's attention to other things than the recent issue. Informant B says *"Both physical and psychological aspects of getting their mind busy with away from the*

illness. To occupy their minds with something meaningful in nature." Informant D is on the same agenda*: "There is always an emphasis on the present moment and the experience, it has nothing to do what you seem to about or how you feel or what is your emotion, we never talk like that."* Therefore can be said that there were two ways to aim to relieve the disorder; by concentrating to the issue and work with that through the outdoor-based applications or offer something meaningful to take the focus out from the problem and find healing elements elsewhere.

Answer to a defined need

All informants adduce that their participants are facing challenges in their life situations. It is evident that informants were answering for the need for change in their participants' case. Informant A presents that his participants have*:" --- lack of concentration, impulsiveness, so testing the boundaries at home, having an authority problem and getting some psychological symptoms like depression and ADHD as diagnosis ---".* Informant E defines her participants as follows*:"--- wide variety, the majority of my patient had psychiatric difficulties with the bipolar,schizophrenia, not so much anorexia, but personality disorders, anxiety and depression."* Experiences of the informant D follows the same line*:"--- for anxiety, depression, and exhausting disorder."* Informant C presents that his client group*:"make troubles in society, small criminals stuff --- youths have various diagnoses --- Basically, they are too well to go to a hospital but too unwell to survive the everyday life and for example to go to school/work."* Only informant B said that*: "I don't care that much about the diagnoses, the big difference how their mobility is"* but recognises that client group has some features of need for care. It's evident that informants' client groups are facing multiple challenges and the outdoor-based interventions are used to answer to this need.

To make a positive change and do no harm

Informants wanted to address that all of them are aiming to have therapeutic outcomes. Moreover, they need the facilitate the safety and not cause any harm on the physical, psychological, emotional or social side for the clients. Informant D presented that the natural environment creates a safe environment without any demands where participants can be true to themselves and open up for the change*:"They come out of themselves;*

they are not self-absorbed, - this sort of way with absolutely the lowest thought of demand that they are invited to be who they are with themselves in a particular way." She addresses that:" You always do safe stuff, just because people should be able to relax." Informant B addresses the importance of creating activities to answer for the specific demands, motivation and attraction in participants' situation*: "Most of our patients, it is more than extreme to take a hike right outside of the centre and make a cup of coffee at the bonfire, that is extreme for many of our users."* Informant C is worried if practitioners are not aware of their possibilities to do harm through outdoor-based therapy*: "Practitioners can do a lot of "bad" for the clients if they don't know how to use nature as a professional environment for example by forcing them to do adventurous activities which clients are not ready to do --- We try to support as guides the good circle".* Informant E calls nature as her co-therapist and addresses that the natural environment is supportive itself and it creates a safe environment for the practice. She argues that practitioners need to create safe environment where everyone can feel safe. It's evident that the practitioners are aiming to gain positive outcomes and support the participants in a challenging life situation.

Adaptation

Professionals say that there are multiple ways to carry out the practice. All of them addressed that the practice needs to be adapted individually to the need of the client. Informants A, B, C and E states that professionals need to know how to use specific intervention to answer and adapt that for the need of participants. Informant A says that he uses same exercises to everyone but applies them to each group individually: *"Basically we used the same activities for all, of course, it varied what kind of participants there were. Sometimes the focus was more in grouping and sometimes more in emotional skills"*. Informant C continues in the same line: *"It depends, one can't make a manual because they're different. -- for example ADHDs are so busy in their heads all the time: when you out there [doing adventurous activities], you need to be aware and concentrate --- they are here and now. It is the most relaxing for them. Some others might feel that stressing and are not doing any high thrill adrenaline stuff."* Only the informant D had a clear plan for Forest Bathing by following the training form the international Forest Therapy institute. Still, she wanted to address that

all the exercises were invitations to everyone to choose their participation: *"I just try to see what kind of elements of therapy I can enhance, deepen what sort of invitations – we call them invitations instead of exercise or interventions".*

Features of the practice

Analyse brought up contrary arguments of the applications. Informant C wanted to clear out the difference in cultural context between Nordic countries and the US. He feels that in the US the programs are aiming to a quick fix by hard physical wilderness trips led by a strong authority. He compares that in North practitioners are working as guides, children are staying in society, and the programs are carried for a longer time with meetings and camps. He wants to address that the participation is always voluntary and children are not forced to do anything. When informant C is working with adventurous activities, informant D works with Forest Bathing. She wants also to bring out the difference between applications which are concentrating to challenge comparing to her approach with slowliness and stillness: *"they still use in outdoor therapy to young adults and young people, they use risk, putting you out there as a way of strengthening yourself. But there is a significant difference there that I found is that forest therapy you do exactly the opposite. You always do safe stuff, just because people should be able to relax."* Also, informant B wants to underline that the practice is not aiming to extremes and putting people to do things out form their comfort zone*: "I'm not seeking for the extreme sports, because there are very few people who can do those extreme expeditions. --- And that's in my eyes, that's the extreme side of friluftsliv and not that many have the opportunity, the health, the chance to do those extreme things. So, I'm a bit worried, when the extreme variations for long expeditions or steep mountain climbing or really long trips are becoming to the new normal. I like to keep it simple --- it is called friluftsliv, if you are just going a couple of hundred meters outside."* Analyse shows that any of the practitioners are not willing to challenge and put participants in a situation where unnecessary stress and uncertainty rises. The main key was to maintain safety through the process.

6. Discussion

This study aimed to examine how practitioners are practising, experiencing and understanding outdoor-based therapies in the Nordic countries through a phenomenological approach. The research is based on five open interviews with professionals identifying themselves as outdoor therapists. Further, the research applies theories of adventure and outdoor-based interventions in an educational and therapeutic setting and grasps the cultural history of Nordic Outdoor Life. Furthermore, the aim was to provide perspectives to the on-going discussion of how to define outdoor-based therapies as a treatment method for people in need of care in the Nordic countries in the future. The research focused first to define used terms due to the broad variety among different professions around the globe. According to the conducted literature review, it is evident, that the term "outdoor-based" therapy was used as a term to cover all the interventions when common professional language doesn't hold clear conclusion of used literature in Nordic neither Global contexts. Secondly, the theory section summarised Nordic cultural history among adventure and outdoor based interventions to get the reader to know about the cultural background and what has already happened in the field of outdoor practices. Thirdly, this research reports and analyses the experiences and practices among the professionals in the Nordic countries. These experiences were reported by focusing on practitioners' professional history and the use of methods. Finally, the research directs to the definition of outdoor-based therapies intending to open up practitioners stories and reflections on the approaches they used.

The first aim was to investigate how practitioners are practising their profession. The results showed that the applications vary widely, and there is no one uniting way to carry out the outdoor-based therapeutic practice. Firstly, professionals can hold different professional backgrounds from the health and social sector, and their working places can range from a clinical hospital setting to private practices. As well, the client groups ranged from children to old ages and from psychiatric issues to physical disabilities. Secondly, the professional use of outdoor-related frameworks differed a lot from the emphasis of challenge, high physical activity and aim to personal growth toward sensing the environment, low physical activity and an aim to reduce stress. All practices

were mainly carried out in a group form in a nearby environment and in collaboration with other multi-professional teams. Surprisingly, the duration of the practices was relatively short, focusing mainly on 3-6 hours interventions, and in some rare occasions on overnight trips.

The second aim of the research was to examine the practitioners' work-based experiences form the field of outdoor-based therapy. Based on this study, the decision to start to using outdoor-based therapies is a result of the practitioners' passion towards the field, their strength to present progressive ideas, desire to find more information, gain training, education and case practices to find the way to carry out the practice. The calling towards the field has led to effective networking, proposing ideas to employers and to the creation of new outdoor-based responses either in their working places or through starting their own company based on outdoor therapy. The thematic analysis revealed that practitioners don't share the same ideology of who can carry out outdoor-based interventions. The common factor was that practitioners need to feel familiar in natural environments and enjoy working with people. Some of the informants addressed the importance of understanding therapeutic skills and knowledge, such as symptoms and responses to psychiatric needs. Still, everyone didn't see the educational aspects as the most important factors. Outdoor therapeutic skills ranged from walking on gravel roads to a knowledge of multi-pitch climbing. It seems that every practitioner can use their individual strengths and abilities to create practice and standard requirements. However, all informants agreed that the natural environment is experienced as an essential factor in the therapeutic process and it can be facilitated as a co-therapist or even as the main therapist.

Thirdly, the study aimed to grasp the understanding of outdoor-based therapy among the practitioners to explain why their work can be called therapy. Practitioners were identifying their work as a therapy even when they didn't hold validation to do therapeutic work. However, the common factors for the therapeutic work could be found in the form of goal setting, answer for the defined, need, evaluation and adaptation of the practice to meet individual needs. The primary purpose of the method is to create positive change and avoid any harm to the clients.

The unique North?

Nordic countries hold a relatively recent history of living together with nature in everyday basis (Simula 2012, 33). Yet, this history is noticed to be present in the modern, even romanticised, idea of Scandinavian *friluftsliv* and Finnish *erä-tradition.* This cultural percitancy might be due strong connotations and values in national identity (Sandseter & Hagen, 2016, 95-96; Gurholt 2016; 290 Repp 1994; 32; Mytting 1994, 43) even when Nordic nations have rapidly developed into global wealth states (Christiansen et al. 2006, 9). These traditions hold features of using self-reliant wilderness skills (Gurholt 2016, 290) and being on a journey or wander in nature (Gelter 2000, 78). The strongest element in outdoor life philosophy is the sense of connection and love towards nature without any aim of abusing the environment for only humans usage (Gelter 2000, 78). At the same time, modern Nordic Outdoor Life has undergone significant changes. Current traditions include guided tours, nature science, the artistic use of nature, commercialisation, consumption, politics (Repp 1994, 32; Gurholt 2016, 288) and extreme outdoor activities but also competing, motorised recreation and conquering the nature (Gelter 2000, 78). Side by side, somewhat blending with the modern Nordic Outdoor Life, holds the influence of German *Erlebnispädagogik* and the Anglo-Centric Adventure and Outdoor education to Nordic outdoor-based therapies (Karppinen & Latomaa 2015, 104-105; Gurholt 2016). To add to this, nature-based interventions such as Japanese *Shinrin Yoku* can be counted in as new influencers (Williams 2017, 18-20). Research displayed that practitioners were often mixing the approaches, and in total, hold a broad range of variation in their applications.

In this study, three out of five informants were using adventurous activities and experiential learning as a base of their therapeutic implementations; thus, mixing these to traditional outdoor life along with acknowledging the nature's role in their interventions. They called their practices "adventure therapy" and "outdoor life pedagogue (*frilufts*-pedagogue)" which indicates the difficulty of defining the practice. Their goal was to facilitate therapy to provide a chance to gain self-confidence, self-esteem and personal growth through the challenge and uncertainty. To maintain that, they offered activities such as climbing, abseiling, caving and group challenges. These

aspects are often in the centre of adventure therapy to provide natural settings to self-development through the challenge by choice (Gass, Gillis & Russell 2012, 4-6; Csikszentmihalyi & Csikszentmihalyi, 1999, 153). The aims of these practices are to give a deep direct holistic experience by the use of the whole body (Raiola & O'Keefe 1999, 47) and to encompass motivation, confidence, co-operative behaviour, risk-taking and self-reliance (Levack, 2003, 25). Informants encompassed the reflection to transfer gained abilities to the everyday setting by aims to deepen the understanding of oneself and to seek out self-development and growth. This can be seen as one of the main characteristics of experiential learning as well as therapeutic discussion (Raiola & O'Keefe 1999, 47; Quay & Seaman 2016, 45, European Association for Psychotherapy 1995).

Two out of five of the informants were using the connection with nature as a base for their therapeutic intervention. These statements highlighted the healing power of the natural environment, learning from nature and being mindfully present; thus, used frameworks varied again. The shared core was to keep the practice simple, let nature speak for itself and not to focus on the present issue in a client's life. One of the informants was practising the standardised Forest Bathing, *Shinrin Yoku*, a procedure with the main aim of stress-reduction (Marcus et al. 2013, 17) and social-repair through the connection and illuminated space with the forest. In other words, the aim was to create a feeling of "being away", physically and mentally from the everyday environment by aiming to enhance the feeling of extent, fascination and compatibility (Marcus et al. 2013, 28). Another informant was focusing on the traditional Nordic Outdoor Life, *friluftsliv*, and applied the wilderness skills and the connection to nature to provide meaning and stress-reduction to the clients. He followed the genuine narration of *friluftsliv*, by not focusing on the mastered skills (Mytting 1994, 45) instead of holding a value of "deep experience of the landscape is the essence and reward" (Gelter 2000, 78).

Results indicated that practices include features from alternative treatment modality beside the conventional therapy forms. Several key traits have been proposed for outdoor-based practices. These traits are such as the action-centred practice, positive use

of stress (Gass et al. 2012, 4-6) or de-stress (Hansen et al. 2017, 2), altered role of the therapist, challenge by choice, natural consequences, group dynamics and working in a multi-professional team (Gass et al. 2012, 4-6). In the research, all informants had these factors in their interventions. All the informants used physical activity where the client was an active participant by using his/her body and mind and took responsibility for the action. Action-centred use of outdoors was seen to offer naturally engaging and motivating activities for the participants, and the aim is to involve the client in experience in meaningful ways and under natural consequences. (Gass et al. 2012, 4-6; Csikszentmihalyi & Csikszentmihalyi, 1999, 153). Results indicated that all informants wanted to maintain a holistic safety and every activity was carried out in the form of a challenge by choice or as an invitation to practice. As a uniting factor, stress-reduction was mentioned several times; thus, the used applications for that differed. Some of the informants aimed at stress-reduction through slow and mindful activities, when others used adventure and high-thrill to as its driver. Also, informants felt that nature provides an environment where they get a different connection with their clients comparing to the indoor setting. They also brought up that they feel less authoritative outdoors and associate themselves as guides. It has been stated that natural environment provides an environment where the participants and therapist are equal without an authoritative role or stigma (Fernee et al. 2015, 121; Gass, Gillis & Russell 2012, 4-6;). In the clinical, office-based therapy, the therapist has one role. In turn, in outdoor and adventure settings the therapist role is more variable. It includes therapist, safety supervision and instructors roles. Multiple roles lead to the fact that the therapist is visible for the participants as a wholesome person and due to that the therapeutic dynamics are changed. (Gillis & Ringer 1999, 33.) As well as the shared task and experiences, such as climbing and canoeing where working together and the power relationship is needed, the roles can be reversed in adventure settings (Gilli & Ringer 1999, 33). Same aspects are noticed in the group modality. Results indicated that informants carried out their practices as a group process, where the focus was to get peer support, gain personal growth through the group activities and support social skills and behavioural changes. Group modality has been seen as one of the primary aspects because of its influence to participants' interpersonal relationships (Sibthrop & Richmond 2016, 210) and as one of the main factors for the meta-level change in therapeutic actions (Hirsch 1999, 26).

The relation and accessibility to the natural environment
– the core of the Nordic outdoor-based therapies

One cannot state that Nordic countries are holding a certain way to practice outdoor-based therapies. However, based on the research conducted in this study, it can be argued that uniting factors are present. Results showed that all practitioners were considering the natural environment as an essential factor in their practice despite the used method. Adventure and outdoor-based therapies are most commonly practised outdoors, but it is not self-evident that nature's influence for healing is acknowledged as one of the key factors for the treatment which might stem from the western dualistic perspective where human has abandoned the "natural home" (Kiewa 1999, 353). Informants noticed that nature provides healing factors causing stress-reduction, improved immune system and decreases in the blood-pressure. These statements are ratified in literature too. "Green and blue" exercises have been demonstrated to decrease stress-related illnesses as well as to boost the immune system and positive psychological factors such as creativity, gained concentration and overall experience of well-being (Mensah et al. 2016, 152; Wahlström 2008, 99; Priest 1999, 112; Klint 1999, 163).

Together with the health factors, respect towards nature was transparent in the research. Nature was highlighted several times separately. The emphasis and importance of nature's' presence might be due to the culture of outdoor life. Mytting (1994) argues that outdoor life (frilufstliv) is not about achieving of mastering a skill as the foremost value, and this was evident in the data-analyses of this study as well. Informants were considering nature as co- or primary therapist and the practice was carried out in co-operation with the natural environment without conquering it. One can state that this differs from the traditional adventure and wilderness therapy literature; thus it has its similarities with the Forest Bathing and traditional outdoor life literature. (Mytting 1994, 45; Gelter 2000, 78; Hansen et al. 2017, 2). Gelter (2000) argues that authentic outdoor life might bring up emotional and spiritual experiences and include a connection with nature (Gelter 2000, 78) which were mentioned in the interviews as well. The importance of the nature connection was emphasised along with the acknowledgement of eco-psychological theories. Results indicated that the nature-

human connection is a key to connect with a deeper affiliation to internal self, with other people and with surrounded nature. It was stated to be the key to enhance social relations and social repair. The same aspect has also been stated in recent Nordic wilderness therapy research which defines wilderness as one of the main therapeutic factors to ensure people have the opportunity to connect more deeply with nature and self (Fernee et al. 2017, 120; Harper et al. 2017, 2).

One can easily maintain access to the outdoor environment in Nordic countries compared with a general global setting. Most of the Nordic countries have their unique free to roam in the form of every-man' s-right. Further, these countries hold a low population density; hence, the land is not cultivated for habitation, and the natural environment is free and reachable for everyone. (Gurholt 2016, 290.) This accessibility can be one of the main factors that enables the practitioners to apply their practice in the nearby environment; therefore, they didn't need to travel far to provide the outdoor-based treatment. Also, some of the practitioners hoped that the clients would continue the use of outdoors in their everyday life later on, to take care of their health. Therefore, the used environment needed to have a low threshold and familiarity. One could state that the use of the nearby environment gives freedom to use the time and monetary resources in the most efficient ways to provide practices outdoors. This indicates together with the result that practices were carried out in a relatively short period per the therapy meeting, such as three to six hours at a time. However, sessions were regularly once or twice a week for a more extended term such as from three weeks to several years sharing similarities with conventional therapies to this end. The short duration of a single meeting was explained with the endurance of the clients, the standardised procedure or with the therapist's and clients' timetables. The short duration differs from the adventure and wilderness therapy literature (Harper et al 2014, 6; Davis-Berman & Berman 1999, 368; Gillis & Ringer 1999, 33) but supports the Forest Bathing and nature-based therapy interventions(Williams 2017, 18-20). In adventure and wilderness therapy literature it has been argued that therapeutic changes have appeared more intensively and faster through therapeutic expedition that is held for several days in outdoors instead of 1-2 hours therapy session in the clinical hospital environment (Davis-Berman & Berman 1999, 368; Gillis & Ringer 1999, 33). Furthermore, there

have been notions that short, conventional therapy of the 60 minutes doesn't fit especially youngsters because this setting requires that the client will commit and trust the therapist rapidly (Berman, Davis-Berman 1999, 368). In turn, it has been stated that long-term outdoor-based practices have fewer boundaries in a level of time and space, which enhances the delivery from the client to the therapist. This increases, in turn, the transfer of learning into the client's everyday world. (Harper et al 2014, 6). However, the literature of nature-based interventions supports the idea of short-term interventions by the idea of the explosion to the natural environment. Research shows that already 20 minutes in the natural environment will ease the symptoms of stress (Hansen et al. 2017, 5) rehabilitation, for example, Forest Therapy practice is generally carried out as a three hours sequence (Williams 2017, 18-20).

The non-stabilisation of the practices – the wild, wild North?

The range of applications of outdoor-based therapies varies broadly (Harper et al. 2014, 2; Gass et al. 2012, 255; Russell 2001, 3) and generally, definitions diverge around the globe; thus rarely any of the forms are stabilised (Harper et al. 2014, 2). Nonetheless, Karppinen & Latomaa (2015) argue that the used terminology is relational in cultural contexts, and it can be full of interpretations (Karppinen & Latomaa 2015, 41) causing applications to be merged quickly into each other and the differences for example between the adventure or wilderness therapy can then be harder to make. Sometimes, even education and therapy are used as synonyms (Karppinen & Latomaa 2015, 47; Räty 2011, 17). According to the results, the Nordic applications diversified extensively, and one can find mixtures of different implementations. Used applications were based on practitioners personal history and interest among the field of outdoor-related practices. However, informants hold training and education among outdoor-based practices, and that was visible in their statements. The used method was generated out from the personal strengths and adopted from the experiences. After all, results hold one exception; Japanese *Shinrin Yoku* holds validated structure and it is a defined method for preventive health care as well as a form of treatment in Japan (Hansen, Jones & Tocchini, 2017, 2). Anyhow, all the informants recognised their practice as therapy or therapeutic work also if they didn't hold the validation for the therapy work. Further, outdoor-based therapies are practised among various social and health care

professionals; thus the range of applications are vivid and meets several professional boundaries (Harper et al. 2014, 1-2; Gillis & Ringer 1999, 30; Itin 1998, 4-5.). However, calling oneself as an adventure or outdoor therapist is under every person's judgment and reliability to the ethical codes of mental health professionals or rare specific ethical codes for adventure and outdoor practitioners (Gass et al. 2012, 255; Russell 2001, 3). Descriptive for the outdoor-based practices is that the generalities in the application can be found sparsely. General definitions for outdoor-based therapies could be stated to be the physical environment and adventure and/or outdoor-related activities to carry out the therapeutic process to gain therapeutic outcomes (Gass et al. 2012, 4-6; Harper et al. 2014, 1; Green Care Finland 2018; Gillis & Ringer 1999, 31.) These approaches can then highlight various aspects, but often, it is concentrating on challenges or risks and, in turn, take under consideration nature's healing power and mindfulness among natural elements.

Outdoor-based therapies – humbug?

None of the outdoor-based therapies are legalised therapy forms. The non-stabilisation brings up the question, how can outdoor-based practices maintain quality and ethics. Adventure and outdoor therapies need their definition to carry out practices in ethical and sustainable ways (Richards 2016, 254-255) and like the other forms, quality health care needs ethical guidelines to provide standards to practice and to protect clients from unethical applications (Leach and Harbin 2010, 181). When offering therapy programs for clients intentionally, professionals need to make sure that they are following ethics and participants are not offered the treatment without the knowledge of therapeutic applications (Richards 2016, 254). Gass and Ringer (1999) state that effective therapy programs are carefully designed, integrated and run by skilled practitioners who have practical skills to use adventurous activities and possess the understanding of human psychology and how to facilitate the change (Gillis & Ringer, 1999, 35). Therapy is always aiming at results which respond adequately to the need for care and provide a positive change in a participant's current situation with the illness or disability (EAP 1995; EFPA 2005; COTEC; WCPT 2012). With ethical codes, the difference between therapy, therapeutic work, education and recreation can be stated (Richards 2016, 252). The presented results indicate that ethical and professional requirements for carrying out

outdoor therapy are non-existence. All informants were following their interest and based their interventions on their individual experiences among outdoor-based interventions. It is evident, that validated therapist can call their implementations as therapy and utilise outdoor-based activities or/ and the environment in their actions if it meets the clients' need. In this study, three out of five informants were integrating outdoor-based practices in their therapy or rehabilitation. In these cases, practitioners were using the ethical code of their other, validated professional forms and used integrated outdoor-based practice as a treatment to answer to the need or an issue (Oxford Dictionary 2019). However, even without validation, practitioners can call their practice therapy and use what they suggest being the therapeutic power of nature and adventure activities. Some of the informants felt that education would give more tools to carry out the therapeutic practice, but it is not the most important point of the practice. The most important factor was the passion towards work in their point of the view. One could find elements of therapeutic work from every informant's answers such as goal setting, the answer to the specified need and the method being designed to meet the demands of the client. Also the evaluation and measuring the outcomes was done by certified methods or institutions instructions (Leach and Harbin 2010, 181). However, informants who hold validation to carry out the therapeutic intervention addressed the importance of understanding therapeutic skills and knowledge, such as symptoms and response to psychiatric needs. Nonetheless, special outdoor skills were not required either; the most important things were that the practitioners feel familiar in the outdoor environment. Informants felt that education and training would give them more tools to carry out the practice, but it is not a guarantee that it will enhance the quality of the therapy.

However, as all therapies have developed over the years (Richards 2016, 252), also outdoor-based applications can have their chance to begin a reliable therapy form when the evidence-base has shown to be strong and they have discovered their ethical codes over the time. The lack of variable research and unknown practices have their emphasis on the fact that the standard guidelines can't be set. It can be beneficial to not rush with strict descriptions to verify that all the aspects have been researched before the specifications and guidelines are set. If one will rush to conclusions it might miss the

different professionalities and their frames as well as the different varieties among outdoor based therapies.

The strengths of this study

The research of this study maintained to answer to the set goals to grasp the different practices, experiences and understandings among outdoor-based therapies in Nordic countries. This study is a small glimpse of the world, which is not widely studied yet. This study found exciting results such as the importance of natures' role in the therapy despite the used approach. This points out questions if it's due to the cultural heritage in North or based on the acknowledgements of nature's healing factors. Also, the surprising element was the short length of the interventions which raises the question of could outdoor-based therapies be used as a "dose of a drug", or do they benefit from the form of a more extended expedition. In addition, this study points out the blurriness of the field and highlights the need for the ethical guidelines to provide quality therapy work and gain reliability.

The strength of this research is that the study managed to catch the lived experiences of the participants and indicates the broad range of the frameworks. This research captured the experiences from the professionals who were validated as therapist and educators; thus, the first aim was to include only certified therapist. The choice was successful because, without educators, a study wouldn't answer truthfully to the situation in the field. Further, it would not indicate the problematic situation with the overlapping of therapy and education. Furthermore, the word" outdoor" includes all implications which can be carried out in an outdoor environment or by using natural elements indoors. The results would be different if the study would focus only on, for example, adventure therapy or Forest Bathing. The term offers a wider perspective to the outdoor implications and as well point out the discussion, should different forms be separated and defined more clearly. In the North, the population and amount of professionals is narrow, so the aims of the separation between the application should be thought through carefully.

Additionally to the above mentioned, the strength of this study was its currentness. Nordic countries have a momentum to develop outdoor-based therapies. In 2021 an International Adventure Therapy conference will be held in Norway which will be designed and carried out by Norwegians but as well in cross-nordic co-operation. This thesis will provide one glance to the outdoor-based therapies, which hopefully enriches the discussion of the implementations. It includes knowledge which can be compared to other studies and their definitions of outdoor-based therapies.

Limitations

It must be recognised that this study has several limitations. As mentioned, the research was a qualitative phenomenological study. Therefore it contains only five open interviews where participants were encouraged to tell their lived truth. Consequently, the data consist of personal experiences from individuals and cannot be generalised for the further audience.

Furthermore, the study was a master's level research, so the time range and researcher's skills to provide research was on a stage where the abilities were practised the first time. As well need to recognise that interviews were carried out in English, which is not the informants' or the researchers' native language. This can cause misunderstandings. Furthermore, the available written literature in English was relatively narrow. The researcher held the skills to utilise English, Finnish and somewhat Scandinavian literature, but Icelandic written material could not be used in an efficient manner.

Due to these facts, the reader needs to take under consideration that the results are not competent to be generalised. The findings of this study are nevertheless informative and, thus, they can be used as a starting point for further research.

7. Conclusion

This study approached the phenomenon of outdoor-based therapies in the Nordic countries. The research used a qualitative phenomenological method with an open interview to catch the lived experience from the professionals from the field of outdoor-based therapies. Data were analysed through thematising to answer the research question in the most profound way as possible. This study contributes to the existing literature concerning outdoor-based implications and Nordic cultural history among outdoor life. The research aimed to present the field of outdoor-based therapies from the view of practitioners and not primarily from the narrow research form the field of outdoor-based therapies. Informants hold various professionals from the field of social and health care section and the definition of therapy or therapist was under their judgement.

This study contributes to the existing literature from the field of outdoor-based education and therapy as well as the cultural history of Nordic countries. Firstly, the practitioners' ways to carry out the practice was examined. Secondly, their work-based experiences were explored, and thirdly their understanding of outdoor-based therapy was studied. The results showed that outdoor-based therapies had been practised with a wide range and it has influences from the anglo-centric adventure education, German heritage of *Erlebnispädagogik*, Japanese Forest Bathing as well as from the Nordic culture of outdoor life. The conduct to practice is still missing, and due to that, practitioners can state their method as a therapy even when it is not directly answering to the characteristic to common therapeutic interventions with its ethical codes. None of the outdoor-based therapies are legalised therapy forms and hence cause the fact that everyone can provide an outdoor-based therapy practice even without validation as a therapist. What's more, the requirements to carry out the practice are loose and methods are provided based on the practitioners' interest and belief towards the intervention. However, therapeutic and ethical aspects are seen important such as practice design, goal setting and answer for the defined need by adapting the practice individually for the client to cause positive change to the client's situation.

Nature was seen as a co- or main therapist. It seems that the natural environment, nature connection and nature's health benefits are in the core of the Nordic outdoor-based therapies. This might be due to the relatively recent history of outdoor life in the Nordic heritage. Other significant shared factors was the time span of the sessions. A single session had a length of a minimum of three hours, but often extended up to six hours, and it was carried out in the nearby environment. The possibility to do that is that nature is reachable and informants wanted to show the participants how to continue to use nature also after the therapy. The time span was justified because of the endurance of the participants, which differs from the adventure therapy literature.

The findings provide themes for further research and discussion on how to define Nordic outdoor-based therapies. Future research needs to answer how and why outdoor-based therapy factors work and focus more precisely on specific patterns to explain in-depth the effectiveness of the practice. Thus, in the end, further studies would aim to help to make the difference between the education, recreation and therapeutic work to pre-empt the misuse of the applications and protect the client's who are in a such a vulnerable place as the need of therapy. The field needs more specifically defined terms and improvement of its effectivity to provide data to the national authors to get funding, evidence and through that offer services to the people in need who could benefit from outdoor-based therapies. The field of health and outdoor-based therapies needs extensive and systematic research to provide and enhance national health and to repair the connection with nature.

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Appendix A

LETTER FOR PARTICIPANTS AND A CONSENT FORM

MASTER THESIS

Practitioners Views on Nordic outdoor-based therapy:

Practices and Experiences

Norges Idrettshøgskole

Request for participants for an interview about Nordic outdoor-based therapy

I am a student of an Erasmus Mundus international master's programme affiliated with the Norwegian School of Sports Sciences, known as well as Norges Idrettshøgskole. I am educated as an Occupational Therapist and a Nature Sports Instructor. My interest is to research how the Nordic nature, outdoors and adventure traditions are used as a part of therapeutic practices.

My aim is to study how therapists across the Nordic countries, who include outdoor-based therapy in their work, practice and understand outdoor-based therapy. I'm aiming to find practitioners who have been working in the field of outdoor-based therapy for five years in a Nordic country and has a validation work as a therapist form a national author.

I hereby want to ask you to contribute to developing knowledge about this field by sharing your experience and reflections on outdoor-based therapy. The interview will be conducted beginning of May 2018 and takes about an hour.

Interview questions will concern your professional practice, your professional values and experiences for example in which environment you carry out your practice, which kind of methods and activities you use and why you have chosen to use outdoors and adventure activities in your therapy practice. I wish to hear your story and your experiences!

All personal data will be treated confidentially. The interview could be done in a place of your choice or through Skype with a secured internet connection. The interview will be audio recorded and the data will be transcribed and processed with a researchers' computer. Data will be used and seen only by the researcher. Records will be deleted after the thesis is completed by the end of July 2018.
It is voluntary to join the interview and you can withdraw at any time without explaining this further. Any data conduct is anonymous, and no individuals will be recognizable in the completed thesis. The study has been notified to the Data Protection Official for Research, NSD - Norwegian Centre for Research Data.
If you would like to participate or if you have any questions concerning the project, please email me at miia.riihimaki@outlook.com.

Dr. Kirsti Pedersen Gurholt, professor at Norges Idrettshøgskole will supervise the research. If you have questions, contact her at kirsti.gurholt@nih.no or by mobile phone +47 90044205.
Yours sincerely,

Miia Riihimäki — Master student, Transcultural European Outdoor Studies

Kirsti Pedersen Gurholt, Dr. — Professor of Outdoor Studies, Norwegian School of Sport Sciences

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Consent form: I have received written information about this master level study and I am willing to participate in the study.

Signature:……

Date:……

Appendix B

INTERVIEW GUIDE

Researcher: Miia Riihimäki
Supervisor: Dr. Kirsti Pedersen Gurholt
University: Norges Idrettshøgskole / Norwegian School of Sport Sciences

MASTER THESIS

Practitioners Views on Nordic outdoor-based therapy: Practice and Experiences

The aim of this study is to find out

What is the experience of outdoor-based therapy among practitioners in Nordic countries?

By this question, the intent is to research if practitioners are having some similarities in their values, practice and experiences about Outdoor Therapy in Nordic countries. The research will conduct literature review from related literature and the result will be assimilated in relation with that.

I'm aware that the field of outdoor-based therapy includes various professions such as friluftsterapist, utomhusterapist and adventure therapist. In this interview guide, I'll use term outdoor-based therapy to cover the variety of practices that may be associated as outdoor- and adventure-based approaches.

I'll record the interview and you consent on that in the consent form, to allow me to focus on the questions and on a conversation with you. Records will be destroyed afterward, and your answers will be unidentified in the final work.

I'm asking you to share your experiences and aiming to hear your voice. The questions will be open. We will touch various topics during the interview, but feel free to mention and talk about your other experiences as well if they differ from the questions and themes I'll ask you about.

The interview will take approximately 1 hour, and you are free to withdraw at any time without explaining this any further.

If you have any questions along the way, please don't hesitate to ask.

Your input has a great significance to start to paint a bigger picture of the different therapy implementations in Nordic and I'm grateful to have you onboard!

All the best,

Miia Riihimäki

Basic profile:

1. Sex?
2. Age?
3. In which country do you do most of your work?
4. Education?
5. Occupation?
6. Therapist-certificate?
7. How many years you have working experience in the field?

Conceptualization

1) Tell me about your views about outdoor-based therapy?
2) Tell me how you became to use outdoor-based therapy in your practice?
   Possible probes:
   a) Can you tell how you "found" outdoor-based therapy?
   b) Why you started to use outdoor-based therapy?
3) Tell me about your working history among outdoor-based therapy?
   Possible probes:
   a) How many years have you been doing therapeutic or rehabilitation work?
   b) How many years have you been working with outdoor-based therapy work?
   c) How many years have you been working as a specialist (such as researcher, lecturer or some other related above-mentioned tasks)?
4) How it is to work as a therapist who is using outdoor-based therapy?

Apprehending the phenomenon: Working in field of outdoor-based therapy

1) Tell me about your typical working day?

Possible probes:

a) Do you work as a private practitioner, an employee of an institution or for some other authority?
b) Do you work full- or part-time?
c) Which groups or individuals are you working with?
d) What are the features, challenges and needs of your client group?

2) How do you work? Can you describe what you are doing?

Possible probes

a) Which kind of activities, environment and setting are you using with the clients? Why?
b) Do you use same activities for everyone? Why? Why not?
c) With whom do you collaborate and work with? Are there different tasks for different professionals? Why? Why not?
d) Does your day include something else you haven't mentioned yet?

3) Tell me about your working approach?

Possible probes

a) Why you use chosen approaches?
    i) What is your aim within this approach?
    ii) Why you think it is working for your clients?
b) How do you design and organize your practice?
    i) What is your aim when you design your practice like this?
    ii) Why you think it is working for your clients?
c) Have you had some other ways to work / Is there some other ways to do your work? Why you have changed your practice / why you are not using these approaches you mentioned?
d) Based on your experience, is there approaches and activities which are not working for clients?
e) Why / why not you set goals? How do you set goals?
f) Why / why not do you evaluate and reflect goals?

Clarifying the phenomenon: Philosophy and reflections

1. Describe what makes outdoor practice a therapy and how does it work?
2. Describe how the outdoor-based therapy experience will make the difference in therapeutic work? What you aim to achieve with your practice?

   Possible probes:

   a) Is the (used) approach always providing progression? Why? Why not?
3. Describe how the outdoor-based therapy will work for the clients?

   Possible probes

   a. How do you know that outdoor-based therapy works for your clients?
4. Describe what does it require from a therapist to use outdoor-based therapy in their work?
5. Whether and how has your practice and understanding of your work has changed over the years?

6. Has there been any surprises during your professional career?
7. What have you learned about outdoor-based therapy?

Anything else you would like to add?

Are there some other aspects which are essential to mention about your work?

Do you have any questions about this research, your own participation or anything else?