

FROM ADVENTURE TO THERAPY: A MODEL FOR HEALING

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ABSTRACT

Adventure therapy (AT) uses outdoor modalities that immerse clients in natural environments and challenging outdoor experiences to improve psychological dysfunctions in emotion, behaviour, and life effectiveness skills. The healing power of AT rests on the therapeutic factors of the natural world, the role of the treatment team and the effective and intentional use of adventure therapy tools. The AT practitioner is both a competent adventurer and professional helper who helps clients begin their process of personal change. The effects of AT are growth-producing and will take them on a journey that lasts a lifetime. It also reduces the reference to the stigma clients assign to traditional forms of therapy. AT interventions tend to be solution-focused and humanistic in their orientation, although many programmes also have important behavioural underpinnings, particularly for programmes involving delinquent youths, conduct disorder, low self-esteem, oppositional defiance, adjustment disorder, bipolarity, grief, chemical dependency and dysfunctional families. AT has been purported to be a potentially unique therapeutic modality that can be used either independently or as an adjunct to other forms of psychotherapy. AT programmes perceive clients with innate goodness and having the resources needed for change. They can be guided to know where and how to access them to make the desired change. This paper also examines the way and the conditions under which adventure activities can become therapeutic. It determines change as a central concept in the therapeutic

process. The foundations of adventure therapy, its rationale and strategies, and therapeutic factors are discussed. In addition, it illustrates a local case of AT in practice and introduces the potential use of AT in the Programme Khidmat Negara (PKN) (National Service Programme) in Malaysia. This paper includes some timely recommendations in working with youths who are on the PKN programme in order to deal with problem behaviours and to obtain long lasting change.

DEFINITION AND SCOPE OF ADVENTURE THERAPY

Gass (1993) defines AT as placing clients in activities that challenge dysfunctional behaviours and reward functional change. Gillis and Thomson (1996) explain that adventure therapy is a therapeutic model which uses an experiential approach (relating to or derived from direct experiences) with regards to psychotherapy, or counselling that entails activities. While there is more than one accepted method of conducting adventure-based therapy, there are several critical components that seem to serve as a foundation for most sound adventure therapy programmes (Gass, 1993).

These include the following:

1. Client becomes an active participant
2. Therapeutic activities are conducted in unfamiliar and adventurous environment
3. Therapeutic activities have meaning
4. It has experiential learning principles

5. Adventure experiences are created to support the attainment of therapeutic goals
6. Reflection is a critical element of the therapeutic process
7. Functional change must have present as well as future relevance for client and his/her society

Adventure Therapy is an active, experiential approach to promoting personal change and growth. It refers to a concentration on changing behaviour, attitudes and cognition using adventure vehicles and conducted experientially in the outdoors (Lee, 2002). It often includes rope course challenges, rock climbing, repelling, abseiling, canyoning, caving, white water kayaking, sea rafting and mountaineering that require responsibility, commitment, self-discipline, problem-solving skills and outdoor skills. All activities have therapeutic intent and consist of facilitated use of adventure techniques and tools to bring about personal change toward the desired treatment goals. AT's programme immerses clients in a natural setting and provides them with skills to overcome self-imposed limitations. Nature offers the restorative environment to allow clients to create a new way of being and doing. Much of the healing takes place when clients are connected to the natural world in a meaningful way.

APPLICATIONS OF ADVENTURE THERAPY

While evidence of the use of the outdoors, challenge and adventure as part of a healing and learning process can be found dating back thousands of years (Davis-Berman and Berman, 1994), it has not existed as any form of professional discipline until about 20 years ago (Itin, 1998). There are many organisations and practitioners that conduct Adventure Therapy for different purposes of personal growth, counselling, therapy, education, team and leadership development. These programmes can either take fee-paying or non-paying clients/

customers into the wilderness, outdoors or comparable lands in order to develop their human potential through selected area/s (Schoel, Prouty and Racliffe, 1988).

Adventure Therapy has been applied in rehabilitation settings for recovery purposes. Such examples include group counselling for victims of incest (Goodwin and Talwar, 1989), changing delinquent behaviour for youth at risk and in chemical dependency recovery (Obermeier and Henry, 1980). Past research reports on the applications of AT were on the mentally retarded (Dillenschneider, 1983), couples and families (Gillis and Bonney, 1986), alcohol (Kirkpatrick, 1983), cohesion (Lee, 2002), sexual assault survivors (Levine, 94), incest and rape victims (McNally, 1994), mental health (Roland, Keene, Dubois and Lentini, 1988), anti-social offenders (Reid and Mathews, 1980), the emotionally disturbed (Voight, 1988) and victims of rape (Pfirman, 1988).

The use of adventure therapy experiential learning principles and strategies (either direct or modified adoptions and adaptations) found in public, private schools, colleges, universities, correctional institutions and private organisations in North America has been estimated as 200 or more (Conger, 1992; Krakauer, 1995).

Research on the use of adventure therapy methods (adaptation or adoption) with a keen focus on improving team cohesion is revealed in studies done by Meyer (2000), Barbara and William (1991), Glass (1999), and Spink and Carron (1992). In summary, AT principles, techniques and strategies have many applications. Most of the above examples can be applied in diverse settings according to their respective programme objectives. Their studies also reveal positive effects on their respective groups in terms of meeting the therapeutic goals.

PRINCIPLES, TECHNIQUES AND STRATEGIES OF ADVENTURE THERAPY

Many of the origins, principles, and philosophies