

How individuals with self-reported anxiety and depression experienced a combination of individual counselling with an adventurous outdoor experience: A qualitative evaluation

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Abstract

Background: Adventure therapy is a short-term experiential psychotherapeutic approach that utilises adventurous activities and being in natural environments in order to facilitate therapeutic change in clients. The present paper examines how students with self-reported anxiety and depression experienced participating in an innovative intervention that combined individual therapy with an adventurous outdoor experience. Clients participating in the Adventure Therapy Project received between 10–15 one-to-one counselling sessions prior to the outdoor experience, as well as ongoing counselling following it. **Method:** Interpretative Phenomenological Analysis was used in order to record and analyse the experiences of three male and three female students who presented at a major UK university student counselling service with self-reported depression and anxiety. **Findings:** Twelve themes emerged which were categorised into four major domains: enhancing intrapersonal relationships; improving interpersonal relationships; providing an experiential outdoor venue for achieving therapeutic change; offering a secure, personal place for achieving inner healing. The intervention was perceived to improve the ways in which interviewees related towards themselves and other people. Interviewees perceived the counselling sessions as offering a safe therapeutic space within which they could unveil their anxieties and achieve inner healing. **Conclusions:** Outdoor experiences offer an experiential venue for achieving personal change and, it appears enhance the therapeutic process. Prior and subsequent individual therapy increases the benefits of such experiences.

Keywords: adventure therapy; multidisciplinary interventions; counselling; outdoor experiences

Introduction

There is a growing consensus that mental health problems and psychiatric disorders have increased within the population of university students in recent years, with depression and anxiety being amongst the most prevalent ones (e.g. Connell, Barkham, & Mellor-Clark, 2007; Crawford, Henry, Crombie, & Taylor, 2001; Rana, Smith, & Walking, 1999; Roberts, 2002; Webb, Ashton, Kelly, & Kamali, 1996). Universities UK (UUK; a representative body for the executive heads of UK universities) called for the development of innovative interventions and frameworks that would not only improve students' mental health, but also move them towards better states of wellbeing (UUK, 2009). The student services within one UK university embraced this call and, as a result, piloted the Adventure Therapy Project.

Constituting a collaborative effort between the Student Counselling Service and the Sport & Well-being Unit, the project was developed as a multidisciplinary intervention for supporting vulnerable students. Specifically, being strongly influenced by the theory and practice of adventure therapy (AT), it involved the combination of individual psychotherapy with an adventurous outdoor group experience as a means of reducing self-reported anxiety and depression.

About adventure therapy

Following the experiential philosophy of 'learning by doing with reflection' (Priest & Gass, 2005, p. 16), AT utilises challenging experiences in natural environments, with some level of perceived (rather than actual) risk as a means of helping clients recognise

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and change maladaptive patterns in their lives (Richards & Peel, 2005). As opposed to environmental education, which focuses mainly on the dynamic interaction between humans and eco-systems (Priest & Gass, 2005), AT is primarily concerned with enhancing a person's sense of social and personal wellbeing (Itin, 2001) through the development of an activity base (e.g. ropes courses, rock climbing, cooperative group games, problem solving and trust building initiatives) (Russell, 2001).

According to Fletcher and Hinkle (2002, p. 277) AT is 'a therapeutic tool that can be adapted to almost any setting and is a mixture of experiential learning, outdoor education, group counselling and intrapersonal exploration'. As opposed to more traditional forms of psychological therapies, the therapeutic transaction between client and therapist does not occur within the strict boundaries of the therapist's consultation room but takes place in the outdoors, while being involved in challenging activities (e.g. a rock climbing session).

In AT, therapeutic change is believed to occur through isomorphic connections – a transference of learning from a specific experience to other life experiences (Gillis & Thomsen, 1996; Schoel & Maizell, 2002). Beringer (2004) advocates that structuring the activity base and engaging in the facilitation process within natural environments increases the desired therapeutic outcome of isomorphic connections. In this sense, nature is drawn on as a medium for therapeutic change and is identified as a fundamental component of adventure therapy because of its role as a significant determinant in human development (Beringer, 2004).

According to Miles (1987, as cited in Fletcher & Hinkle, 2002), the physical challenges that clients encounter while engaging in natural activities do not only promote physical fitness, but also psycho-emotional catharsis since they provide an opportunity to allow the expression of frustration and anxiety. Richards and Peel (2005) have argued that it is the unconscious, collective responses to outdoor environments that increase an individual's awareness of self and feelings of wellbeing whilst creating a sense of connection with others and the world; it is through outdoor experiences that psycho-emotional growth is facilitated.

The present paper constitutes an effort to explore how individuals with self-reported anxiety and depression experienced participating in the adventure therapy project. It does not aim to introduce

pristine and ground-breaking theories or methods within the general field of adventure therapy. Rather, its primary objective is to explore the perceived effects of a multidisciplinary intervention, which combined individual counselling with an adventurous outdoor experience.

Method

Participants

Participants were approached and recruited via their counsellors. Participation in the project was open to most clients who were using the university counselling service. Following a period of counselling, the option of referral to the outdoor experience was introduced to clients. Upon agreement, clients were referred to the sports and wellbeing unit in order to undergo a physical health check. The General Health Questionnaire (Goldberg & Williams, 1988) was utilised and a medical history was taken.

Clients would not be considered for the outdoor experience if they met any of the following exclusion criteria: aged below 18 years; unwillingness or low motivation to participate; extremely high levels of distress; noncompliance with rules; active suicidal ideation; currently receiving psychotherapy for anxiety or depression from a psychiatrist; drug or alcohol dependency; severe learning disability or organic mental illness; physical illness or impairment.

Over a two-month period (June–July 2009), a total of nine individuals agreed to participate in the study and be interviewed. Due to time constraints, however, only the transcripts of the first six interviewees were included for analysis in the present study. All interviewees were Caucasian white of British origin and students. Three of the interviewees were male, aged from 20–25 years, and three were female, aged from 20–22 years with the exception of one interviewee who was in her mid forties. Four participants described experiencing depression and two depression and anxiety.

All interviewees described having low self-esteem and confidence and experienced problems in their social interactions and personal relationships. Four interviewees reported a moderate-to-low level of physical fitness, whereas two reported having a high one. None of the interviewees had any previous experience of participating in any form of psychotherapeutic or adventure-based intervention.

A half-day information and ice-breaking session was organised to enable both clients and facilitators to get to know each other. This was held in a seminar room within the university. A short film of the outdoor location was shown to clients followed by an explanation of what was planned for the away day. Clients were given the opportunity to discuss any queries and express their expectations as well as potential concerns. Clients were encouraged to express their reasons for attending the group but not to talk in great depth about their individual problems. This was because the outdoor experience would focus on developing an activity base in a natural environment instead of undertaking a psychotherapeutic transaction within it.

The AT experience

The outdoor experience lasted a full day, starting at 8 am and ending at 10 pm and involved a five-mile trek up a 763-metre mountain. It was a steady walk up a gradual incline with some steep sections and a grade 1 scramble (rock-climb). Following a safety induction, clients and facilitators started the journey towards the peak with everyone being given the opportunity to go to a level at which they felt challenged. The outdoor leaders were two members of staff from the Sport and Wellbeing Unit (outdoor activities officers).

Following the outdoor transaction, clients returned to have individual sessions. These explored the experience of the outdoor transaction. Similar to the process of debriefing counsellors, these aimed to reinforce clients' positive changes and reframe potentially negative interpretations of the experience

Data collection

The author used semi-structured interviews as described by Smith and Osborn (2003). Interviews lasting between 35 and 45 minutes were conducted by the principal investigator between June and July 2009 and were tape-recorded. The interviewer began with an open invitation, asking participants to reflect upon their experience. A non-directive interview was preferred so that different avenues could be explored with the participant, while simultaneously allowing the interviewees the space to share aspects of their conscious awareness (Willig, 2003).

Data analysis

Interpretative Phenomenological Analysis (IPA) was used for the present study. As opposed to more positivist approaches, IPA is designed to provide a richer, more meaningful and comprehensive description of the researched phenomenon 'which communicates to readers a sense of its quality and texture' (Willig, 2003, p. 148). This form of analysis is concerned with discovering the personal meanings that individuals ascribe to a specific experience and their interaction with the environment, as this is perceived and re-constructed by them at the moment of interaction with the interviewer (Denzin & Lincoln, 2003; Flick, von Kardoff, & Steinke, 2004). It focuses on the way individuals make sense of events and accepts that the way people talk about their experiences is unique in that it is influenced by their personal cognitive constructs and emotions (Smith & Osborn, 2003).

Ethical considerations

Following approval from the university's School of Social Science & Law Ethics Committee, participants were briefed about the possible events that may occur as well as of other exigencies that may occur of which they have not been informed (e.g. unexpected weather conditions). Special care was taken that the outdoor facilitators provided services within the boundaries of their areas of expertise and not beyond that. The activities were conducted with integrity, honesty, respect, and fairness. Special care was taken to appropriately monitor the use of risk as well as to show the required sensitivity to participants' physical needs and emotional wellbeing.

Consent for the interview and the tape recording was sought prior to each interview. Participants only became involved in the interviews after they had received adequate information regarding the research. An initial information letter outlining the purpose of the study and what was expected was mailed to each participant approximately three weeks prior to the first interview. This was reiterated with a verbal explanation by the researcher. Written consent was then requested just prior to the first interview and was signed by all the interviewees.

Reflective statement

I enjoy outdoor activities and it is my belief that incorporating these into traditional forms of

psychotherapy can enhance the quality of the therapeutic transaction. I have participated in an adventure therapy group in the past and found that the combination of counselling with an outdoor activity has had a positive therapeutic impact on myself – it enhanced my feelings of wellbeing, increased my confidence, and offered me a medium for achieving emotional catharsis.

Findings

The analysis revealed four broad domains, illustrated in Table I. The domains are heuristic organising categories and do not represent totally discrete, independent entities. Each theme is considered in turn within the four domains, using verbatim excerpts to illustrate each one. In presenting these passages, minor hesitations (e.g. repeated words, ‘uh’) have been deleted for readability. Interviewees’ names have been changed in order to preserve anonymity and confidentiality.

Domain 1: Enhancing intrapersonal relationships

Improving self concept. Seeing the journey up the mountain as symbolically representing their journey through life, participants initially doubted in their ability to successfully complete it. The realisation,

nevertheless, that they had successfully managed to overcome all the obstacles and reach the mountain top resulted in a positive change in how they viewed themselves, contradicting their previous negative self-assessments. In this sense, by the end of the journey they were no longer unmotivated ‘quitters’, incapable of completing a task but, on the contrary, they became determined achievers, willing to overcome life’s difficulties.

I have never been able to believe in my self, that I would manage to complete it. It made me feel like I was able to finish things, like university. (P1)

Talking about the outdoor experiences with their counsellor and focusing on the achievements of the day helped clients internalise the positive experiences gained during the transaction and assimilate the pristine positive self-assessments into their new sense of self. Interviewees reported a positive shift in the way they felt about themselves, developing a trust in their ability to succeed in various other aspects of their lives.

When I came back from adventure therapy me and my counsellor made a deal that at the end of every session I had to find something positive to say. And the first positive thing was that I climbed a mountain and then the next positive thing was like ‘Oh I am very important and stuff’ and it has made me think about the positive aspects about myself and my life. (P3)

Raising confidence. Interviewees felt that in contrast to how they behaved in their daily lives in which they would avoid pushing themselves as a means to achieve their goals, they were forced to do so during the outdoor transaction in order to ensure a safe return home.

So there’s that push and when you are in the middle of the mountain, half way up you can’t really say, ‘I am not going anywhere.’ You have got to do it; you have got to push yourself. (P1)

Hence, accomplishing the set goal of reaching the peak gave interviewees a sense of having achieved something important which, as a result, enhanced their confidence. This sense of achievement, however, was not experienced instantly but started to develop once clients became aware of the distance covered, the tasks they had completed as

Table I. Constituent themes and domains.

Domain & themes	No. of interviewees with theme
<i>Enhancing Intrapersonal Relationships</i>	
Improving self concept	6
Raising confidence	5
Increasing motivation to make life-style changes	4
<i>Improving Interpersonal Relationships</i>	
Overcoming initial anxieties about participating	6
Enhancing feelings of mutual caretaking through cooperation	6
Enhancing connection to others	6
<i>Offering an experiential outdoor venue for promoting therapeutic change</i>	
Enhancing sense of wellbeing	5
Gaining psychological benefits through managing risky situations	6
Changing through doing	6
<i>Offering a secure, personal place for achieving inner healing</i>	
Providing a secure space for self-exploration	6
Therapeutic relationship with therapist	6
Timing of outdoor event	6

well as the effort they had put into completing the journey.

I was like really, really exhausted [client refers to the end of the away day]. Only until the next morning I woke up and thought, 'God, I can't believe I climbed a mountain yesterday'. (P3)

Increasing motivation to make lifestyle changes. Interviewees felt that the outdoor transaction had motivated them to make lifestyle changes by taking up physical activities either indoor (going to the gym) or outdoor (walking, climbing, hiking).

I have started walking in the morning; I used a car for everything. I started just to walk in the village. (P1)

Domain 2: Changing interpersonal relationships towards group members

Overcoming initial anxieties about participating. Prior to the outdoor event, interviewees described experiencing intense feelings of anxiety about participating in the group intervention; they feared becoming the recipient of other group members' negative judgments, not fitting in, becoming isolated and rejected, or even being a disappointment to others. Interviewees reported that this feeling of anxiety started to develop from the moment they accepted the referral to the outdoor transaction, gradually increasing in intensity as the event day drew closer and reaching its peak on the morning of the information day.

About three to four days before I was just like, 'I am not going, I am not going, I am not going.' I was really, really nervous about walking in this room of people I didn't know. (P3)

The process of 'getting to know one other' (P2) during the information day and discovering that 'all are in the same boat' (P5) was perceived as highly important. Interviewees described that participating in the outdoor transaction without previously becoming accustomed with the other group members would have resulted in them turning more into themselves and not interacting with the others.

I feel that if I wouldn't have known them I would have turned more into myself. (P4)

Enhancing feelings of care-taking through cooperation. Working together and relying on one another in order to overcome natural obstacles was perceived as a positive and joyful experience, evoking feelings of mutual care taking (taking care of someone while simultaneously being taken care of) amongst group members. It seems that the engagement in such a form of cooperative activity increased feelings of trust amongst participants and further reduced their anxieties about being in the group.

We had to work together as a group, the rest of it we could just walk up but at the top you had to follow the person before you and make sure that the person behind you was ok and if there was a bit that was slippery or loose you had to pass that on to the other group members. You had to trust one another. (P5)

Enhancing connection to other group members. Interviewees expressed the need to reflect upon the encounters of the away day within the group. Breaking down the remaining barriers between group members, discussing their personal feelings, and exploring each person's individual experiences, was considered to be an important element for providing an appropriate closure to the outdoor transaction. Of particular significance for interviewees was not only to share their own feelings and personal insights, but also to be made aware of how other team members felt and in which ways they believed they had benefited from the outdoor transaction.

I think that talking more about the activities of the day in a group would have been quite beneficial. Something like a debriefing at the end. We have gone our different ways now and we don't know how each of us felt. (P5)

Domain 3: Providing an experiential venue for achieving therapeutic change

This domain is mainly concerned with the outdoor experience and the role interviewees believed it played in their own therapeutic journey.

Enhancing sense of wellbeing. Interviewees felt that being in a natural environment gave them a sense of escape from their personal problems and the stresses associated with living in the city, which in turn

enhanced their sense of wellbeing. They reported that the tranquillity of the environment, the natural scenery and, most importantly, the lack of external distractions that are usually encountered within urban environments (e.g. people, building, sounds, and noises) made them feel calmer, happier, and more optimistic.

I felt that being in the countryside facilitated my sense of wellbeing. There was nothing. No distractions of buildings, of people, of sounds, of noises, it was just really nice and peaceful and quiet. (P1)

Another element which was associated with an elevated sense of wellbeing was the sense of accomplishment that interviewees gained by successfully overcoming natural challenges (the rock-climbing). In this case, however, wellbeing was related to feelings of excitement and achievement rather than calmness and tranquillity.

I felt exciting doing this, in a way I feel it facilitated my sense of wellbeing. (P4)

Gaining psychological benefits through managing risky situations. Interviewees felt that overcoming an obstacle relatively high in risk is more beneficial in terms of transferring the sense of confidence they gained during the transaction to their daily lives. 'If I can do this, I can do anything' (P4). It also requires higher levels of personal effort and team cooperation in order to successfully overcome it, which in turn enhances the relational quality between group members.

Changing through doing. Interviewees felt that the outdoor experience helped them achieve change through 'doing'. Although they reported they had started to develop a new sense of self via the counselling sessions, the hands on approach of the outdoor experience offered a 'here and now' focus. It further provided them with the opportunity to experience a range of positive emotions while, simultaneously, offering a practical way of become aware of themselves and trying out new ways of being.

I needed to come out and gain more confidence, to do what I talked about in counselling. If I would have done the counselling without having done the

activity then I would have not pushed myself in a practical sense. I think that you need both of them really, counselling to help me understand myself and the practical activity to help me become more confident. (P5)

Domain 4: Offering a secure place for achieving inner healing

This domain revolves around the therapeutic effects that interviewees attributed to the individual counselling process.

Providing a safe space for self-exploration. The counselling sessions were perceived by interviewees to provide a safe and contained space within which they could unfold their feelings, thoughts and personal anxieties. Interviewees identified that they required the prior therapeutic space in order to work with themselves before participating in any form of group encounter or outdoor transaction.

The counselling sort of reduced a lot of my fears I had about the adventure therapy. On the day I would have been a little bit too scared but the counselling kind of gave that little bit of extra push to go all the way. (P3)

The counselling sessions were also considered to be a focal debriefing point that enabled interviewees to transfer the positive experiences of the outdoor transaction into the outside world. Interviewees felt that the counselling sessions ascribed a therapeutic framework to the intervention. Without the therapeutic space, the outdoor transaction would not have achieved its positive effects; rather it would just have been a recreational activity.

Without the counselling I wouldn't have got half as much out of it. The counselling after that helped me talk through my experience of what I did, how I felt, and related that back to everyday life. (P2)

Therapeutic relationship with counsellor. Interviewees felt that they benefited from the opportunity to return to the individual sessions and discuss the events of the outdoor transaction with someone who knew them, was aware of their problems and was not going to judge them. The subsequent interaction with their counsellor following the outdoor event was identified as a significant factor that contributed

to the better acceptance of interviewees' new sense of self.

I had counselling the next day and I couldn't wait to get back and tell him everything that had happened. I felt like I needed to tell someone what I have done. (P3)

Preparing the ground for new encounters. The issue of timing the outdoor experience appropriately within the therapeutic endeavour was prominent amongst interviewees' accounts. Interviewees identified that they needed the prior therapeutic space in order to work on themselves before participating in any form of adventurous group activity. Interviewees described that without the prior counselling they would not even have considered participating in the outdoor event because they would have lacked the required confidence and motivation.

I think in the early stages the counselling was the best part because I tried then to talk about things, whereas I think that the outdoor trip came sort of in the right time so I can go outside and try new things. (P4)

Discussion

The present findings support the underlying theory of AT which postulates that positive changes in self-concept and sense of wellbeing can be brought about by participating in adventurous outdoor experiences (e.g. Brendtro & Strother, 2007; Gillen & Balkin, 2006; Pryor, Carpenter, & Townsend, 2005). Similar to Richards and Peel's (2005) thesis, it appears that clients' positive self-perceptions, which were initially developed during the individual therapy sessions, were reinforced through the outdoor experience. As Gilbert, Gilsdorf, and Ringer (2004) have postulated it seems that undertaking an activity based in a natural environment, being in a group, and the inherent sense of adventure, provided a 'rich source of healing potential which in a number of ways goes beyond what therapy has to offer in a more conventional setting' (p. 31).

Mortlock (2004) and Gillis and Thomsen (1996) argue that in adventure-based interventions there must be a perceived level of psychological and/or physical risk, generating a level of anxiety for the

client in order for the desired behavioural changes to be elicited. According to Fletcher and Hinkle (2002), perceived risk provides clients with the illusion of danger, thereby engaging them in higher levels of cognitive and emotional arousal. The present findings seem to support Gass' (1993) view that the combination of unfamiliar environmental situations and activities that promote perceived risk in clients, enhance therapeutic outcomes since they provide experiences that contrast with the client's current phenomenological reality. Such a process was perceived as facilitating personal growth and encouraging the transference of gained experiences to real-life situations. The present findings further highlight that being in a natural environment is also associated with a sense of escape from the stresses, which interviewees believe characterise modern urban environments (e.g. buildings, uncomfortable noises).

The findings of the present paper are akin to those of previous studies (Brendtro & Strother, 2007; Goldenberg, McAvoy, & Klenosky, 2005), highlighting that adventure-based interventions are not only effective in group development, but also in establishing successful isomorphic connections. In this sense, the team building and sense of achievement, which occurred during the outdoor experience, was transferred back to regular life. From a psychotherapeutic perspective it could be argued that the present findings underline the significance of the social context as a determinant for positive mental health.

Limitations

The findings of the present study were based on data gathered from qualitative interviews with six participants (three male, three female). Although a purposive sampling strategy was utilised, the sample was relatively homogeneous in aspects of age, social status (all being students), and presenting problems. This form of homogeneity might have affected the transferability of the results, since it implies that the results can be specific only for a particular population sharing the aforementioned characteristics within the same context. Although the informants' slightly heterogeneous demographics, such as level of physical fitness and gender, may have served as a counterbalance to their shared characteristics, the ability to generalise

beyond this particular population is still significantly inhibited.

The findings reported in the present paper were based on an interpretative analysis of interviews with a small number of participants. Future work should aim to establish whether the issues identified here apply more generally, in different formats, to the same or other clinical and non-clinical populations, and to bigger samples.

Conclusions

The present findings seem to indicate that the introduction of an outdoor adventurous activity into the counselling process enhances the positive effects of the therapeutic transaction. They also emphasise the significance of the individual counselling process prior to an outdoor experience. In particular, interviewees perceived the therapeutic framework of the counselling space as an equally integral part of the intervention that helped them develop the appropriate inner resources for achieving personal change in their lives; interviewees reported they required a period of individual therapy in order to feel able to participate in a group transaction.

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References

- Beringer, A. (2004). Toward an ecological paradigm in adventure programming. *Journal of Experiential Education*, 27 (1), 51–66.
- Brendtro, L., & Strother, M. (2007). Back to basics through challenge and adventure. *Reclaiming Children and Youth*, 16 (1), 2–6.
- Connell, J., Barkham, M., & Mellor-Clark, J. (2007). Core-OM mental health norms of students attending university counselling services benchmarked against an age-matched primary care sample. *British Journal of Guidance and Counselling*, 35 (1), 41–57.
- Crawford, J., Henry, J., Crombie, C., & Taylor, E. (2001). Normative data for the HADS from a large non-clinical sample. *British Journal of Clinical Psychology*, 40 (4), 429–434.
- Denzin, N. K., & Lincoln, Y. S. (2003). *Collecting and interpreting qualitative materials*. London: Sage.
- Fletcher, T.B., & Hinkle, S. (2002). Adventure based counselling: An innovation in counselling. *Journal of Counselling Development*, 80, 277–285.
- Flick, U., Von Kardoff, E., & Steinke, I. (2004). *A companion to qualitative research*. London: Sage.
- Gass, M. (1993). Foundations of Adventure Therapy. In Gass, M. (Ed.), *Adventure Therapy: Therapeutic applications of adventure programming*. Dubuque: Kendall/Hunt Publishing Co.
- Gilbert, B., Gilsdorf, R., & Ringer, M. (2004). Playing with ideas about adventure therapy: Applying principles of Gestalt, narrative and psychodynamic approaches to adventure therapy. In S. Bendoroff & S. Newes (Eds.), *Coming of age: The evolving field of adventure therapy* (pp. 31–55). Boulder, CO: Association of Experiential Education.
- Gillen, M.C., & Balkin, R.S. (2006). Adventure counseling as an adjunct to group counseling in hospital and clinical settings. *The Journal for Specialists in Group Work*, 31(2), 153–164.
- Gillis, H.L., & Thomsen, D. (1996). A research update (1992–1995) of adventure therapy: Challenge activities and ropes courses, wilderness expeditions & residential camping programs. Invited Presentation for the Coalition for Education in the Outdoors Symposium, Bradford Woods, Indiana University, Martinsville. Available online at: http://leegillis.com/AT/PDF/Gillis_Thomsen_CEO_96.pdf
- Goldberg, D., & Williams, P. (1988). *A user's guide to the General Health Questionnaire*. Windsor: Nelson Publishing Company.
- Goldenberg, M., McAvoy, L., & Klenosky, D. (2005). Outcomes from the components of an outward bound experience. *Journal of Experiential Education*, 28 (2), 123–146.
- Itin, C.M. (2001). Adventure therapy critical questions. *Journal of Experiential Education*, 24 (2), 80–84.
- Mortlock, C. (2004). *The adventure alternative*. Milthorpe: Cicerone Press.
- Priest, S., & Gass, M.A. (2005). *Effective leadership in adventure programming*. Leeds: Human Kinetics.
- Pryor, A., Carpenter, C., & Townsend, M. (2005). Outdoor education and bush adventure therapy: A socio-ecological approach to health and wellbeing. *Australian Journal of Outdoor Education*, 9 (1), 3–13.
- Rana, R., Smith, E., & Walking, J. (1999). *Degrees of disturbance: The new agenda*. Rugby: British Association of Counselling.
- Richards, K., & Peel, J. (2005). Outdoor cure: An overview of outdoor and adventure therapy. *Therapy Today: The Magazine for Counselling and Psychotherapist Professionals*, 16 (10), 4–8.
- Roberts, R. (2002). Degrees of debt. In N. Stanley & J. Manthorpe (Eds.), *Student's mental health needs: Problems & responses*. London: Jessica Kingsley.
- Russell, K. (2001). What is Wilderness Therapy? *Journal of Experiential Education*, 24 (2), 70–79.
- Schoel, J., & Maizell, R.S. (2002). *Exploring islands of healing: New perspectives on adventure based counseling*. Beverly, MA: Project Adventure Inc.
- Smith, J.A. (2007). *Qualitative psychology: A practical guide to research methods*. London: Sage.

- Smith, J.A., & Osborn, M. (2003). Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative psychology*. London: Sage.
- Universities UK (2009). Mental well-being in HE: Current challenges. Notes to Annual Conference, London.
- Webb, E., Ashton, C.H., Kelly, P., & Kamali, F. (1996). Alcohol & drug use in UK University Students. *The Lancet*, 348, 922–925.
- Willig, C. (2003). *Introducing qualitative research in psychology: Adventures in theory and method*. Maidenhead: Open University Press.

Biography

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