

Risk and Anxiety in Adventure Programming

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This article discusses risk, anxiety, and emotional safety in adventure programs. The authors suggest that emotional safety be given the attention in the literature similarly devoted to elements of physical safety. Anxiety was discussed as a salient factor in the assessment of perceived risk. An alternate paradigm for change is suggested, based, not on moving out of comfort zones, but on reinforcing safety, security and challenge. Implications for this paradigm shift are presented.

Key Words: Risk and Anxiety

The concept of perceived risk is a cornerstone of most outdoor adventure programs. Many articles and books encourage practitioners to heighten participants' perception of risk in order to facilitate change (e.g., Gass, 1993; Luckner & Nadler, 1997), while some caution against the escalation of perceived risk in programs (Lehmann, 1995). Other writers focus more on the analysis of the actual risk of outdoor programs, perhaps in response to recent accidents and deaths (Cooley, 2000; Wilde, 1994). The present article will explore both actual and perceived risk in outdoor programs. We will then explore the impact of anxiety on the assessment of risk and participants' ability to cope with such risk. Finally, implications for trip leaders, and suggestions for change will be presented.

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What is Risk?

Two commonly utilized methods for assessing risk in outdoor programs involve an (a) *actuarial approach* based on data, and (b) the more subjective method of examining *perceived risk*. Regardless of the method used, the risk is most often discussed as it relates to the physical health and safety of the participants. Rarely is emotional risk a topic of discussion in the literature.

Actuarial Risk

Actuarial risk assessment is familiar to most, as this method has been applied to outdoor programs, and the more familiar traditional sporting events. This technical assessment of risk usually focuses on the likelihood of an event and the consequences of that event. Outcomes that are deemed as less common, or less likely, are thus not assessed to be as risky (Walsh, 1996). Cooley (2000) provided an analysis of the actuarial risk of a variety of different activities, including outdoor adventure programs. By comparing data from various sports, Cooley concluded that activities such as high school football and automobile driving are more dangerous and pose a greater risk to participants of injury or death than do a variety of outdoor activities, including hiking and paddling. This is interesting in that outdoor activities are more likely to be rated as riskier by the general public than are these more common activities.

Based on this kind of assessment data, one could easily conclude that outdoor activities pose little risk, and that they are reasonably safe for adults and adoles-

cents. While this might be true in relation to physical risk, this analysis ignores the risk that participants actually feel on an emotional level. It is this perception of risk that strongly affects how participants behave and cope in outdoor settings.

Perceived Risk

Perceived risk involves a subjective perception of the potential for injury or death inherent in an activity. Even though the objective, actuarial data may be present and known to an individual, he/she may have a different perception of the risks inherent in an activity. It is usually the experience of personal control that contributes to a perception of risk. Often, when people feel out of control, they feel most at-risk (Walsh, 1996). Participants (especially beginners) in outdoor programs are very vulnerable to this lack of control, as factors such as weather and other environmental conditions are often out of human control and influence. Regardless of the level of training and experience of the participants, there are elements of the wilderness that are out of our control (Horwood, 1999). Green (1977) suggests that the perception of risk may even have a culturally dictated component, and leaders should attempt to understand the culturally specific assumptions under which their clients live.

Perception of risk is difficult to assess, as these evaluations are often privately held, and are developed from a number of sources, making it difficult to determine which factors are salient for a specific individual. Some of the most potent sources underlying the development of perceptions of risk include: (a) an individual's past experiences, (b) media presentations, (c) vicarious experiences, and (d) a predisposition to anxiety.

Past experiences. Understandably, people who have experienced trauma in their lives may tend to evaluate subsequent, related experiences as more risky than those who have not had traumatic experiences in their lives. In some cases, people develop post-traumatic stress disorder as a result of their experiences. Sometimes, flashbacks, nightmares and other symptoms occur (APA, 1994). It is important to understand the past experiences of program participants. Some programs are specifically geared toward trauma survivors. These types of programs should be especially aware of the potentially negative impact of heightening anxiety and risk in participants. Other, more general programs should also be sensitive to the fact that participants may be trauma survivors, and should be fully informed about the participants' histories.

Media presentations. The worldwide media tends to sensationalize news coverage, often twisting ordinary events, and attempting to make them seem controversial. It has been argued that this type of shock coverage

doesn't allow people to make a valid assessment of the risks of various activities. What it does do is fuel fear and panic (Walsh, 1996). In times of crisis, as evidenced by the recent terrorist attacks against the United States, Americans have seen and experienced intense media saturation, with coverage extending around the clock. Interestingly, it appears that when news outlets run out of legitimate stories, they move on to speculation. The recent American media deluge about smallpox is illustrative, as there has not been any evidence, threat, or suggestion of the use of smallpox in the recent attacks. These media presentations serve to heighten general levels of anxiety, and increase people's sense of perceived risk in general, and in activities, in particular. For example, many people in the United States now feel that it is risky to even open their mail.

Vicarious experiences. Clearly, this factor relates to media coverage, which has allowed us to live and emote through the experiences of others. Through the use of empathy, one can "get into the role of the other" and experience events through the perspective of another person. Vicarious experience may have special relevance for those who have observed abuse or violence, as well as for those who were active participants or victims.

Predisposition to anxiety. There is growing research evidence which suggests that a propensity toward anxiety may be biologically predetermined (Austrian, 2000). The widespread use of psychiatric medication in treating anxiety supports such a biological model. According to this approach, imbalances in the neurotransmitters are largely responsible for setting the stage for this anxiety (e.g., Gorman, 1997). This biological predisposition may or may not express itself based on social and environmental conditions. It might, however, lead an individual to view most situations as threatening or risky, subsequently leading to hyper-vigilant behavior.

The Allure of Risk

Up to this point, we have been assuming that participants make choices in order to manage the risk of a situation, and that this kind of control is desirable. What this analysis omits, however, is the portion of participants in outdoor programs who are excited by the risk, and who are drawn to activities and experiences because of that risk.

Ponton (1997) writes of the proclivity of adolescents to seek out and take risks. She sees this behavior as risk-seeking, and an attempt to work out some of the developmental tasks of young adulthood. Others, especially those struggling with low self-esteem, may engage in risky behaviors in order to feel more powerful or alive (Mitten, 1994). It is important for outdoor leaders, many of whom work with adolescents, to understand this

desire for risk and the seeking out of risky situations. The goal would be to foster and encourage risk taking within a safe and fairly controlled framework.

What is Anxiety?

We believe that the perception of risk is as critical to assess as the actual risk in a situation, in that it is this perception of risk that guides and frames participant behavior, and may contribute to the development of anxiety. This is not to say that all anxiety is harmful. Sometimes anxiety can mobilize people to action and can be a catalyst for change. The level of anxiety, however, has to be carefully monitored, as does the individual's ability to cope with anxiety.

Often anxiety is not mobilizing, but rather, can be debilitating for people. As a result, by intentionally heightening the perception of risk in outdoor programs, staff may be pushing participants beyond their ability to cope effectively and may be creating unacceptably high levels of anxiety in participants. Anxiety is a powerful variable that must be considered when trying to understand risk in outdoor programs, as human perception of risk may be firmly rooted in anxiety. This idea has been presented in the literature (e.g., Drebing, Willis & Genet, 1995; Hunt, 1994), although it is not widely discussed, even today.

Anxiety refers to an emotional state characterized by a sense of fear, apprehension, sometimes agitation, and often vigilance. For many, anxiety produces numerous physical symptoms such as sweating, heart palpitations, shaking, hyperventilation, and tightness and pain in the chest (APA, 1994). Sometimes, there is an overwhelming feeling of being out of control, and a feeling that danger, or even death is imminent. In fact, it is not unusual for a person to go to an emergency room believing that he/she is having a heart attack, when, in reality, the individual is in the midst of an anxiety attack. Anxiety can truly be overwhelming, and can lead to a serious crisis situation if expressed with this magnitude in an outdoor program.

Anxiety becomes a disorder when it reaches a point where it can be diagnosed as such. This type of anxiety is actually fairly common, affecting about 25% of the general population at any one point in time (Austrian, 2000). According to the *Diagnostic and Statistical Manual* of the American Psychiatric Association (APA, 1994), generalized anxiety disorder is characterized as excessive worry about most things over a period of at least a few months. The person suffering from the anxiety finds it difficult to control their anxiety and worry in most contexts. Situations that are perceived as risky will, of course, increase anxiety in those suffering from this disorder. Finally, a person experiencing generalized

anxiety regularly exhibits at least three of the following symptoms: restlessness, fatigue, difficulty with concentration, irritability, muscle tension, and sleep disturbance (APA).

Obviously, clinicians diagnose anxiety in their clients in office settings through the use of clinical interviews, observation, client report, and sometimes testing. As the control of an office setting is not typically accessible in outdoor programs, outdoor leaders must be aware of, and sensitive to, the signs of anxiety in participants. In assessing anxiety, it is important to try to determine if this response is situational, or reflects a more generalized trait that transcends specific situations. This can be difficult to ascertain, however, as stressful situations will facilitate anxiety in someone with chronic anxiety. Also, staff should be aware of anxiety that seems to mobilize participants, as well as anxiety that seems debilitating.

Physical and Behavioral Manifestations of Anxiety

We have already mentioned some of the physical symptoms that often accompany anxiety. Behaviorally, anxiety can cause participants to become more closed and withdrawn. Leaders may see participants who used to be active, retreat during group sessions, fail to make eye contact, and seem to want to be alone. Some may become so withdrawn that they are very uncooperative and non-communicative. On the other hand, anxiety can cause other participants to talk and interact excessively (i.e., it might also include pressured speech, and intrusive, even inappropriate behaviors).

Cognitive Manifestations of Anxiety

According to cognitive behavioral theories of human behavior, cognitions are critical to emotional functioning. As such, distorted thoughts can contribute to, and escalate, the experience of anxiety. Assessing cognitions is difficult, as they are obviously private, and are often deliberately hidden.

Dumont (1996) suggests that anxiety and phobias are really caused by what she calls "magic thinking." She asserts that understanding these cognitive roots is the first step in effectively identifying and intervening with someone experiencing anxiety. Although magic thinking may be, in part, biologically based, its roots are more likely to be social. Dumont points to childhood experiences where security needs were not met. Also, children and young people who experience traumatic events are more likely to develop and rely on some aspects of magic thinking. Although most of us have been magic thinkers at some point in our lives, those who really rely on this type of thinking may be setting the stage for an anxiety disorder.

Leaders can begin to assess magic thinking, and

thus, be more alert to anxiety in their participants by paying attention to the following elements of magic thinking (Dumont, 1996):

Elements of Magic Thinking

Doubting Reality: Magic thinkers tend to have a generalized lack of trust in their environment. This is sometimes manifested by checking behaviors, and by self-doubt. There is often a generalized perception that “the other shoe is about to drop.” People with this type of thinking always seem to be looking for, and expecting the worst.

Cognitive Distortions: Magic thinking is really characterized by distorted thinking. It is important for leaders to remember, however, that those whose thoughts are distorted generally don’t believe that their thinking is irrational. Rather, they feel that their perceptions are accurate. Some of the more common cognitive distortions experienced by magic thinkers include:

Catastrophizing—This type of thinker truly believes that terrible things will happen. When under stress, this thinking will tend to increase, causing the participant to feel an intense sense of threat. It is important to remember that this type of response tends to be independent of the actual objective situation. This cognitive distortion is aptly demonstrated with the observation that when a magic thinker is catastrophizing, “a remote possibility becomes a distinct probability.”

Over generalizing—When this type of thinking occurs, people begin to feel that things will begin to go badly in many areas of life. Fears begin to generalize, and the general sense of fear and threat escalate. When utilizing this type of thinking, participants may display a heightened state of arousal and hypervigilance in most situations.

Emotional reasoning—This type of thinking allows the feelings to direct the thoughts. In other words, “if I feel something, then it is...” A participant might reason that if he/she feels threat in a situation, then that situation is truly threatening. This pattern involves an unusual amount of power attributed to the anxiety.

Either/or thinking—This refers to the idea that magic thinkers tend to be fairly inflexible in their thinking. Participants might have a great deal of trouble seeing options and seeing the perspectives of others. Anxious people often see limited choices and options, leading to feelings of hopelessness.

It is critical to realize and accept that magic thinking is a real component of anxiety. It does not reflect participants trying to be difficult or uncooperative. Rather, from the perspective of the anxious individual, these

cognitions are real, they make sense, and they are adaptive. Leaders must strive to develop and demonstrate empathy for participants, and should try to understand the cognitive foundations of anxiety in order to effectively deal with participants. They should also try to respect the strong feelings of participants when they assert that the current challenge is not appropriate for them that day.

Suggestions and Implications

The literature on adventure therapy is replete with support for stretching participants out of their comfort zone. In fact, many of the seminal works in the field refer to the benefits of putting oneself on the line, and putting oneself at the edge (e.g., Gass, 1993; Miles & Priest, 1999). Interestingly, the literature also discusses in detail the importance of personal safety and reducing physical risk in outdoor programs (e.g., Cooley, 2000). Less is written, however, on emotional and psychological safety and risk (see Berman, Davis-Berman & Gillen, 1998; Priest & Baillie, 1995). In fact, outdoor leaders often receive very little instruction in assessing emotional risk. Any discussion of anxiety—a central component to emotional risk—is non-existent.

In the midst of this lack of attention to emotional safety, risk and anxiety, program leaders are often encouraged to “push” participants in their programs. Creating a perception of risk in outdoor programs is seen as desirable and often essential to the successful growth and change in participants. Perhaps it is time to more clearly advocate for a paradigm shift in the way leaders introduce and conduct outdoor adventure programs.

Shifting Paradigms

The authors have implied in this article that such an emphasis on perceived risk and moving participants out of their comfort zones might need more examination. First, as was demonstrated through the discussion of anxiety and magic thinking, perceived risk is a very subjective experience. Leaders cannot assume that their perceptions are the perceptions of everyone. Even if the majority of participants seem to perceive risk similarly, one cannot assume that these perceptions are valid for all participants.

If the perceived risks of a situation are too high for a participant, the impact can be counterproductive, at best, and damaging at worst. This can be a difficult situation, as leaders with good intentions may misjudge the impact on participants, or may not be able to assess the participants’ level of anxiety and threat.

We’d like to suggest that often the best scenario for growth and change is the one in which participants feel safe, secure and cared about. Mitten (1999) has repeatedly advocated for creating a safe atmosphere for partici-

pants. She includes emotional, spiritual and physical safety in her discussion. A feminist model of adventure education has been proposed (Warren, 1996), which departs from the traditional paradigm in leadership, decision-making, teaching style, and diversity (Warren, 1999).

This approach supports the feminist perspective, and suggests that it be extended, not only to women-only outdoor programs, but that it be considered as a viable paradigm, comparable to the prevailing perspective. It is quite possible that simply attending an outdoor program, or enrolling in an outdoor program represents a big departure from the comfort zone, and that any other push would be harmful. This perspective suggests that the greatest amount of change and growth comes from a place of comfort, security and acceptance (Davis-Berman & Berman, 1994). This is consistent with Maslow's (1954) ideas about the hierarchy of human needs; the imperative being that for healthy growth and functioning, the basic needs of security and love must be met. This is especially important when the trip's participants have struggled with mental health problems, or have been victims of abuse or neglect. Interestingly, many outdoor programs cater to "troubled youth," many of whom fall into the above categories. Many programs with adolescents are particularly harsh, and some are even survivalist in their orientation. The authors' perspective suggests that this approach may ultimately serve to be quite damaging.

It can be suggested that adventure therapy programs, whose stated goals are to encourage both personal growth and change, should take steps to actually try to reduce the perception of risk in programs. Underlying this assumption is the belief that the participants on therapy trips have already experienced threat and instability, and that further threat potentially could be damaging. This is not to say that all perceived risk should be eliminated. The leaders, however, must assess each participant and make the appropriate choices. In attempting to decrease the perception of risk, outdoor leaders might consider the following:

Take care of basic needs. All participants need to be given adequate food, water and shelter. It is not realistic to think that participants can work on personal growth and change if these needs are not met. Depriving participants of these fundamentals will increase the perceived risk of the experience, and may also trigger anxiety and other underlying issues.

Work within comfort zones. As was already stated, when appropriate, participants should be challenged, encouraged and supported in trying different activities and in working through some of their fears. However, when some of the behavioral and cognitive manifestations of anxiety arise, the limits of the comfort zone have been stretched too far. In this circumstance, many of the

elements of magic thinking may either appear for the first time, or will be intensified. Participants may doubt their reality, catastrophize, and engage in emotional reasoning. Leaders should be sensitive to these dynamics and should be prepared to deal with the participant's anxiety and terminate the activity.

Learn to assess and intervene with anxiety. Leaders should be offered some training in anxiety and emotional risk prior to leading trips. Part of this training should include an opportunity to learn assessment techniques and to practice them before leading a trip. Training should place an equal emphasis on physical and emotional safety. We encourage leaders to explore emotional safety and to help to build a literature base in this area. Although this background information does not qualify a leader to be a therapist, some therapeutic techniques can be learned that help leaders deal with their participant's anxiety. Leaders can be trained to teach basic relaxation techniques. Participants can also be taught to recognize some of the elements of magic thinking, and to learn techniques to manage this thinking while on the trip. Programs that specifically cater to participants with mental health problems, or those who have been abused or neglected, should consider employing trained therapists as part of their field staff. Rather than playing a consultative role, these therapists should be included as participants on the trips.

Build a therapeutic relationship. Probably more than any other factor, the therapeutic relationship is essential for therapeutic growth and change. Although usually not emphasized in the adventure therapy literature (Davis-Berman & Berman, 1994), it seems logical that the development of this relationship should be critical. This can be quite a challenge at times, as elements of magic thinking may impede the trust and openness necessary for the development of this relationship. Leadership styles that are collaboration and cooperation-based seem to be the most conducive to the development of this relationship (Mitten, 1999). For participants who are anxious, this relationship can serve as a centering and stabilizing force. It is one tool that can help foster security, stability and safety. A strong therapeutic relationship can also decrease the perceived risk of a situation or activity for participants.

The therapeutic relationship can also help encourage participants to challenge themselves. Properly developed and utilized, this relationship can be a powerful, if not the most powerful therapeutic tool facilitating growth and change. This relationship takes time, effort, respect, and an attempt to develop empathy with participants. Empathy, or the ability to see the world through the perspective of the other, is critical to assessing emotional risk, and to designing programs that minimize perceived risk and cater the therapeutic program

to the needs and capabilities of the participants. Recent discussion of the power and value of the therapeutic relationship suggests that therapy approaches are very similar in their effectiveness, and that the helping relationship is one of the most important factors that is common to all approaches (Luborsky et al., 2002).

Concluding Thoughts

This article has challenged outdoor leaders to address emotional safety, underscoring the importance of physical and emotional safety in outdoor programs. In this regard, it has been suggested that the concepts of perceived risk and anxiety be re-examined.

An implication of this re-evaluation is a reconsideration of the value of pushing participants out of comfort

zones by purposefully increasing perceived risk. We have argued that other, more productive avenues to growth and change exist, based on participants' safety and security. The paradigm shift suggested in this article reflects a movement toward a more intrinsic model of motivation to change. This model is based on emotional safety and stability in programs, rather than an emphasis on increasing risk and moving out of comfort zones. The discussion of other paradigms within which to situate adventure programs should be encouraged. Leaders, academics and program administrators should also reconsider the importance of emotional safety in their planning and deliberation. Perhaps with increased attention to this issue, more creative models and perspectives might arise.

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