

The basis of basics: How did we get here? And what is basic in our practice?

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Background

The following text was the basis for a keynote talk given to the First Gathering for Adventure Therapy Europe (1st GATE). The theme of the conference was 'Back to the basics' and the presentation was intended to address the theme of what is basic in adventure therapy in Europe. The talk was presented at Liria, near Valencia in Spain on February 2nd, 2017. I have retained the relatively informal format of an oral presentation so as to keep the text accessible to readers. The text was updated since the talk was given so as to incorporate some important new references, particularly the "Reflect" edited report (Jakube, Jasiene et al. 2016) and the Adventure Therapy Europe book (Vossen, Wijnands et al. 2017) and to include some of the ideas that were discussed during the conference.

Abstract

This talk approaches European Adventure Therapy from two different perspectives. The first involves some musing about the roots of adventure therapy in Europe and how those roots can be built upon without denying the essential differences between different European countries. A central issue in Europe is the wish to find unifying perspectives that are appropriate for European settings whilst still honoring the important and distinct cultural elements in each of Europe's constituent countries.

The second perspective centers around the question "What is *basic* in the practice of adventure therapy in Europe?" That is, if we strip away procedures, processes, techniques and methodologies, what remains as an essential basis for adventure therapy? My hypothesis is that sound adventure therapy practice depends on practitioners being 'good in their skin'.

Part 1 Crazy like us

Unconscious substrates

One thing that is basic about adventure therapy is that it provides some healing for individuals, families and communities from the alienation and fragmentation that leads to suffering. But the improvement that occurs needs to fit with the cultural assumptions that the participants bring with them and take back home with them after the adventure therapy program (Vossen, Wijnands et al. 2017). I believe that most of these assumptions are unconsciously held and shared and that they only become apparent when they are violated. And well-intentioned adventure therapy programs can unwittingly trample on the fundamental principles that support participants' sense of well-being.

Some time last century I was asked to facilitate a 'wake' for the staff of an adventure therapy program that was closing down because government funding had not been renewed. There were about ten people in the room including three other Maori staff from the program that I was responsible for at the time. About half the people in the room were Maori. For the previous three years I had been supported and coached by Maori elders as to what works and what does not in Maori communities. At some point in the afternoon of the first day of the wake I noticed that Aroha (not her real name) had been quiet for a long time. Aroha was a member of the staff of the program that was closing down. Part way through a difficult conversation about how to close down the program there was a fairly long silence and I caught her eye. I was aware of how young Maori women can be overlooked and overpowered by their elders and I wanted to make sure that all the voices were heard. Aroha was a talented intelligent and normally articulate young woman. We had a good relationship from previous events we'd both attended. I said to her "Aroha, what do you think would work?"

She dropped her eyes to the floor, frowned and stayed silent and still. It seemed as though she had stopped breathing. After what seemed like a long time she looked up, her face flushed and she spoke strongly and angrily – at me. She said "You put me in an impossible situation. You haven't got a clue about what is really going on. I can not speak before Aunty Maraea because she is my elder and if I express an opinion that is different to hers then she will need to contradict me. Why do you pakeha keep messing up the way that us Maori work?"

You can draw your own conclusions from that vignette but it was clear to me that I had applied my principles of so called good facilitation in a setting where those principles were in fact offensive.

In the case above I could have avoided the mistake if I had learned enough about the complex norms around order of speaking that apply in Maori settings. That is, some conscious learning would have helped. But most of the important cultural substrates are not conscious. They lie beneath the reach of logic, rationality and analysis. To illustrate the way in which pervasive unconscious patterns pervade and sometimes invade cultures I draw from the work of the sociologist Ethan Watters.

Watters wrote a book in which he examines what he calls the globalization of the American psyche (Watters 2010). It is perhaps no accident that the short title of his book is "Crazy like us". Watters' main thesis is that the globalization of the industry of psychology, psychiatry and the accompanying pharmaceutical industry has influenced the unconscious substrate of many countries around the world. This in turn has influenced the presenting symptoms that appear in people with mental disorders. In one compelling chapter he traces how the occurrence of anorexia nervosa in Japan rose dramatically in conjunction with drug companies widespread education of psychiatrists and subsequently of the public about the dangers of anorexia. Watters is not claiming that drug companies cause mental health problems but rather that they significantly influenced the unconscious substrate of Japanese culture in a way that led to anorexia becoming unconsciously chosen as the so called preferred symptomology to demonstrate distress.

You would need to read the book to appreciate the full complexity of the argument but another example is that the symptom of hysteria that was prevalent in Freud's time is almost completely absent now. It has been replaced by other presenting problems. Similarly, in my contact with mental health system in Western Australia over a period of about 20 years it appears to me that the prevalence of anorexia and bulimia is being overtaken by self-harming. So also in Western European culture, the preferred symptomology has undergone some quite radical changes and is likely to continue to do so.

There are many types of influence that enter into the unconscious substrate of cultures, including the unconscious influence of historical events. For instance it would be interesting to analyze the unconscious effects on adventure therapy programs in Spain of the Spanish Civil War and perhaps even from further back religious inquisitions and persecutions.

The point here is that whether we like it or not there are significant unconscious patterns that pervade most cultures in Europe and hence will influence the cultural undertones of everything that we do in Europe, including adventure therapy interventions. If we can dig deeper to surface some of the hidden substrate of our collective culture it is likely that we will more accurately address the actual needs of our client populations.

What is helpful? What is a 'good enough' lifestyle?

One of the *basics* of adventure therapy is that it is an intervention that is intended to be helpful for our clients, that is individuals, families and wider society. Helpful is the key word here. What is helpful for an individual? What is helpful for families? What is helpful for society? To answer those questions we call upon shared principles of what constitutes a good enough lifestyle. Good enough has many dimensions that all vary to a certain extent depending on cultural assumptions in the community by which the 'good enough' criterion is applied. Again, these assumptions are a part of the unconscious undertone of all cultures and can easily be overlooked because they are usually not in the conscious awareness of those who design and those who deliver adventure therapy programs.

What are the norms in the global culture of adventure therapy?

There are also norms implicit in the practice of the adventure therapy that have been transmitted through the global network of adventure therapy through conversations, conferences, written resources, and training events.

The (diverse) practice of adventure therapy in North America has had a significant global impact and there are probably few adventure therapy program in the world that have not been influenced by principles, assumptions and practices that originated in the USA. However we need to be mindful that North American programs have evolved in a context of Health insurance funding amongst many other cultural substrates that are not shared by European cultures or programs. I found it informative to read Will White's chapter about the history of adventure therapy in the recent adventure therapy book published

in America (White 2012). In his chapter and in fact throughout the publication. Despite the overall high quality of the book and of White's chapter, there is an implicit assumption that North American adventure therapy practices are simply "Adventure therapy". There is very little acknowledgement of the global diversity of adventure therapy programs. So in Europe it is important that we can acknowledge the richness that has been imported from North America and at the same time remain vigilant about unthinkingly importing their cultural assumptions.

As a thought experiment let's imagine what adventure therapy would look like if it had originated in a different country and had spread to other parts of the World.

For example, if Adventure therapy had first developed in a culturally appropriate manner in New Zealand, the fundamental goal of adventure therapy programs would be to re-connect participants with their family and cultural roots and to re-discover the essential connection between human and the natural world. Individuality, autonomy and personal freedom would not be emphasized. Rather one's capacity to engage, collaborate and to contribute to the collective good would be strongly supported. It would be assumed that the individual's identity emerges out of their place in a long line of human succession and from their place on the land (Personal conversation with Jodi Apiata).

These above assumptions are different from the sorts of assumptions that are currently prevalent in the adventure therapy practice in many parts of the world¹. The descriptions of the origins of adventure therapy in many parts of Europe presented in the book *Reaching for roots and finding a tree* (Vossen, Wijnands et al. 2017) also give clues as to the diversity of cultural underpinnings around Europe.

However, with the current fear of fragmentation of the European community (in 2017) it may become more difficult to openly acknowledge differences. Yet every culture has its distinct signposts and if in our programs we're attempting to impose norms from one European culture on a population from another culture we will inadvertently do damage. So it is important that in Europe practitioners can both find commonalities between different parts of Europe that inform sound adventure therapy practice, and also discover, acknowledge and develop practices that are appropriate for the many particular cultures around different parts of Europe.

Hofstede's dimensions of culture

He-Tsin Chang and her team of co-authors recently published an article where they use Hofstede's five dimensions of culture to examine Adventure programming (Chang, Tucker et al. 2016). Hofstede's fundamental premise is that cultures differ along five main dimensions which are related to the way (1) in which power and seniority are applied, (2) uncertainty is dealt with, (3) the relationship between the individual and collective is viewed, (4) the way in

which the masculinity and femininity are viewed and enacted, and (5) the function of time in their thinking and planning.

A secondary source on the web shows ratings for 28 countries in Europe based on Hofstede's dimensions (he has recently added a sixth dimension). The conclusion of this commentary is-

“It would be impossible to make a single profile for the EU because the scales of Power Distance, Masculinity/Femininity, and Indulgence vary too much.”²

So according to this source there is so much cultural diversity in Europe that we need to pay close attention to the assumption that we're making when we're working with groups from different parts of Europe.

For instance if we are seeking to create a personal empowerment for our participants, we need to be careful that they will not be returning to families in a culture with very high power distance rating because in these cultures parents seem authoritarian to people from low power distance cultures. So an adolescent whom we think has developed healthy autonomy during an adventure therapy program will be experienced as intolerably rebellious when he, or particularly she, returns home to a family in a high power distance culture. Such an event may well destroy the cohesion of that family.

Postscript: For a good source of material on adventure therapy practices in eight countries around Europe see the report “Looking for roots and finding a forest” (Vossen, Wijnands et al. 2017).

²

https://www.reddit.com/r/europe/comments/4g88kt/eu28_countries_ranked_by_hofstedes_cultural/

Part 2 Another basic element: “Being good in your skin”³

To set the context for this part, let’s step back and examine what is actually involved in the practice of adventure therapy.

The day-to-day context of adventure therapy practice

Let’s assume that the management of the program is taken care of and you are living with participants in an adventure-based program where you will all be having meals together and staying at the same venue as well as undertaking the adventure activities together. This could be a multi-day walking and camping experience or a residential group.

For the duration of the program, your life is completely entangled with the lives of your participants. Nearly every waking moment you are interacting with your participants and *you are being analyzed by your participants* the whole time (Hinshelwood 2016). They are assessing how much to trust you, how responsive you are, how congruent you are, how you introduce and manage boundaries, how you deal with mistakes - your own and others’ - , how much you are in touch with your own feelings, how greedy you are how generous you are, how fit you are how strong you are... and so on.

That is, every element of your humanity is on display. And the degree to which your participants will lay open their souls to you depends on what they see and what they assess. You are naked in their gaze. There is nowhere to hide. This is a very different context from the one-hour therapy session in an office, where you are much less visible as a human being.

Of course the assessment of your participants is colored by their personal history. That’s how transference works. Some will react to you because you evoke unconscious memories of significant others in their lives. But on average and over time, your participants will be reasonably accurate with their assessment of you (Wilson 2004). One key element that they will be assessing is how good you are in your skin.

The relevance of being good in your skin

To understand the notion of being good in your skin we need to take a short diversion back to the time when we were infants. When we were born we emerged into the world with the instincts to seek food warm and comfort. Our means of communication were all non-verbal and we had very limited cognitive and emotional resources to make sense of the world. Gurgling, smiling and screaming were our key communication tools. Our primary caregiver whom I will call ‘mother’, needed to interpret our crude communication.

³ Thanks to Richard Morgan-Jones for reminding me of Didier Anzieu’s work on ‘A skin for thought’ and for expanding on the concept.

In the way that I use the term 'being good in our skin', we as infants have neither a well formed psychological skin nor the substance that enables us to really inhabit that psychological skin. Both have to be formed by interaction with another mind. During our first few years there were probably hundreds of thousands of occasions when we would utter perhaps a cry, our mother would empathically relate to us, and respond in a way that led us to experience that she was with us and understood us. Or not.

This is how we developed the capacity to think and to feel. If you've not come across this concept before it may seem strange that in order for you to develop your own mind, you initially needed to have another mind to do the thinking and feeling for you. For the infant having this external 'translator' of his or her raw un-voiceable experiences enables the infant to build his or her own cognitive and emotional processes to be able to think and feel for him or herself.

There is ample evidence from studies of infants that did not have another mind present as they grew up to demonstrate the truth of this assertion. Studies of children in residential nurseries (Zeanah, Smyke et al. 2005) show the major negative impact of lack of human interaction in the early development of human beings. Amongst these is a limited capacity to become fully aware of one's own emotional experience as well as an impaired ability to read the emotional state of others (Fonagy 1999). John Bowlby, Mary Ainsworth and their followers explored this idea extensively in their development of attachment theory (Marrone 1998).

So the basic mechanism of human emotional and cognitive development in early life is that the developing mind communicates to a developed mind, the developed mind processes and digests the raw material that it receives, and reflects this back in a digested and more sophisticated form. This digested material is re-integrated into the developing mind and psyche. ⁴The constant repetition of this process changes the very structure of the developing mind.

But this process not only applies to infants. More recently it has been discovered that adults also need the presence of another mind when experiencing distress or some other emotional or cognitive difficulty in order to think and to feel. The presence of another (attuned) mind creates what is called 'containment' that enables the distressed person to get in touch with difficult thoughts and feelings. Much of this containment occurs at an unconscious and non-verbal level (Biran 2015).

Think back now to one particular instance when you were very distressed, angry, frustrated or even excited. At that time, did it seem as though it would be a relief to have someone else to 'unload' your strong feelings? If you are like most people, when you experience something that you have trouble managing on your own you needed someone *into whom you could place* some elements of this difficult emotional or cognitive experience: That is into the mind of a

⁴ This theory is also well documented in the work of Wilfred Bion and to David Winnicott.

conversation partner. We don't usually think of conversations as 'putting something into the mind of the other' but it has been found that this is an accurate description of the largely unconscious psychological process that is involved when strong feelings are being either consciously experienced or are present but are being suppressed.

But not everyone at all times is capable of providing this 'containment' function. When we need to 'put something into another mind' we need to find the other mind that has the capability of accepting, digesting and reflecting back that material. That is we need a mind of a person who is good in his/her skin.

Needing to be good in your skin to provide containment for the other

I believe that one of the most fundamental basic elements of adventure therapy is the capacity of one human being to contain the raw emotional elements that are being expressed either verbally or nonverbally and either consciously or unconsciously by another. I use the word 'contain' in a particular way. That is to receive, to process, to digest, and to reflect back in a transformed state the raw material that was received from the other person – as per above. That is, on average over time we as adventure therapists need to be good in our skins.

Being good in your skin is the necessary condition for you to be able to accept, digest and reflect back in a modified form the raw and unmanageable emotional and psychological material emanating from your clients.

A diversion into the origins of the term 'good in your skin'

I've been challenged justifiably by people who say that the term being good in your skin is not a technical psychological term. This is true but there are some surprisingly robust origins to the term. Didier Anzieu, a prominent French psychoanalyst wrote extensively about the notion of a psychological skin. His mother was both a violent offender and had significant mental health problems. She transferred her anxiety onto her only son Didier when he was a toddler and young boy by dressing him in far too many clothes. Hence, Anzieu grew up with early pre-conscious and conscious memories of having too many 'skins'. He reflected upon and built upon that early sensory experience while he developed his ideas as a psychoanalyst and came up with the idea of 'a skin for thought' (*moi-peau* in French). Throughout his career he published extensively on the idea of a skin for thought (Anzieu 1984, Anzieu 1990, Anzieu 1990, Anzieu 1999), and his ideas have influenced my understanding of the way in which thinking is also an 'incorporated' or embodied activity.

Another challenge posed by a participant at the GATE conference in Valencia was that the term being good in your skin is a metaphor and all metaphors both reveal and hide essential elements. In particular the word 'good' was challenged. It can be a polarizing word where inevitably the question arises "what then is being *bad* in your skin?" It may be more accurate to use the term 'being secure in your skin' but the word secure now has strong links with attachment theory and being good in one's skin is not the same as having secure attachment patterns. So

let's go with the term being good in your skin, along with the caveat that there are many gradations between 'good' and 'bad'.

Other ideas relating to being good in your skin

Another way of thinking about providing containment for the other person's raw material is what I describe *as "being in a clear and curious space so as to be in contact with oneself and hence available to the other."*

In this state we can notice what is evoked in us by our interaction with the other and use this information – about our own internal state – as information about what is going on for the other person⁵. The way this works is that our unconscious picks up on the raw unconscious material from the other person. This unconscious material 'gets inside' us and influences how we feel at that moment. We experience these feelings as our own. That is we unwittingly pick up raw material from others.

There are also strong links between being good in one's skin and the 'personality' apex of the triangle of necessary attributes for adventure therapists that are described in the final report of the Adventure Therapy Europe report *Reaching for roots and finding a forest* (Vossen, Wijnands et al. 2017). That is, one of the key attributes that can be grouped under the wider term of 'personality' is having a durable capacity to be good in one's skin. Vossen et. al. say:

"The first element to consider is the personality of the professional, composed by the capacities, education and the stable characteristics of each person, his/her personal way to be and to be useful and present in educational contexts. The most important in the personality of the AT-professional is self-awareness and presence (ability to be "here and now" in order to feel the group and to do something useful when it's needed) that make the professional able to manage the therapeutic context. The professional has to be a person, who is able to provoke and then handle therapy, able to deal with what could happen. Humanity and passion for his/her work should be consistent characteristics for every AT-professional" (p.8).

Another excellent and recent European resource that helps us to place the idea of being good in our skin is the final report of the REFLECT project (Jakube, Jasiene et al. 2016). In this report they describe the phenomenon of 'inner readiness' as a state that assists therapists to be present with and receptive to their clients.

"It seems the traditional understanding of competence and of education doesn't cover the changing nature of our life and the changing nature of the person. Any context and any competence doesn't last forever. So the essential question is how can we learn to be ready to live and to act at every different moment of our changing reality. The traditional approach also doesn't cover the content of "what is happening with the student". And in "kitokie projektai" they believe that we start acting not because something (for example slides) are projected on the wall, but because something is projected within the person, something is happening within

⁵ This applies equally to how we intuit what is happening in groups.

them. Until then, this content was unnamed but often felt to be crucial for Kitokie's theory and practice: now they call it "inner readiness" (p.72).

The REFLECT team refer mainly to the state of inner readiness of clients and students but also mention that educators (or therapists) need to reach this state. My sense is that a client is most likely to be drawn into a state of readiness (to change) when the therapist is also in a state of readiness. Being good in your skin is likely to be a key element of this state of readiness.

Being good in one's skin is also closely linked to the capacity to 'mentalize' that is described by Peter Fonagy and his collaborators. The good news is that Fonagy and colleagues have conducted extensive research which substantiates the importance of the process of mentalizing. In summary the capacity to mentalize is the capacity to be able to attribute to the 'other' an 'intentional mind' and to be able so see how one's own functioning might affect the 'other'. Additionally, mentalizing involves the capacity to imagine the state of mind of the 'other' and to relate one's own and others' behaviour to states of mind (Bateman and Fonagy 2006). The capacity to mentalize is vital for pro-social behaviour and is also an essential capacity for therapists. Mentalizing enables the therapist to hold in mind their own state, to imagine the state of mind of the client and to relate the therapeutic process to the interplay of states of mind – which includes emotion.

Yet another view of being good in one's skin is the idea of 'negative capability'. The term is a little misleading because it does not mean that one needs the capacity to be negative. Rather, it relates to the capacity to tolerate negative states of mind such as anxiety, fear, uncertainty and doubt. Having negative capability means that one can experience these challenging states of mind and yet remain present and in touch with what is going on in oneself and the 'other' such as a client (French and Simpson 2014). If we lack negative capability we can not stay present and in a 'clear and curious space so as to be available to the client'. It seems to me that the term negative capability relates very closely with what I understand as 'being good in your skin.'

To conclude: So what is basic about adventure therapy?

It's particularly helpful for adventure therapists to be good in their skins, at the time(s) when our clients need the presence of another mind. But being good in your skin is far from a fixed attribute. Through our development as human beings each of us will have developed a varied potential to be good in our own skins, and in any given moment our ability to enact that capacity depends on many things, including the environment in which we find ourselves. In the adventure therapy context we are potentially bombarded with stimulus; from the group, from the environment, from the weather, from the activities that are being conducted, from our co-leaders or co-therapists and so on. The number of different stimuli and the potential for challenging emotional and psychological material mean that our capacity to be good in our skins is often likely to be challenged. Hence the need to relentlessly focus on developing this capacity. How one does this will be the topic of another paper, but in brief, having our own therapy, having supervision and being self-reflective all provide positive stimuli for growth of a robust capacity to be good in our skin.

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