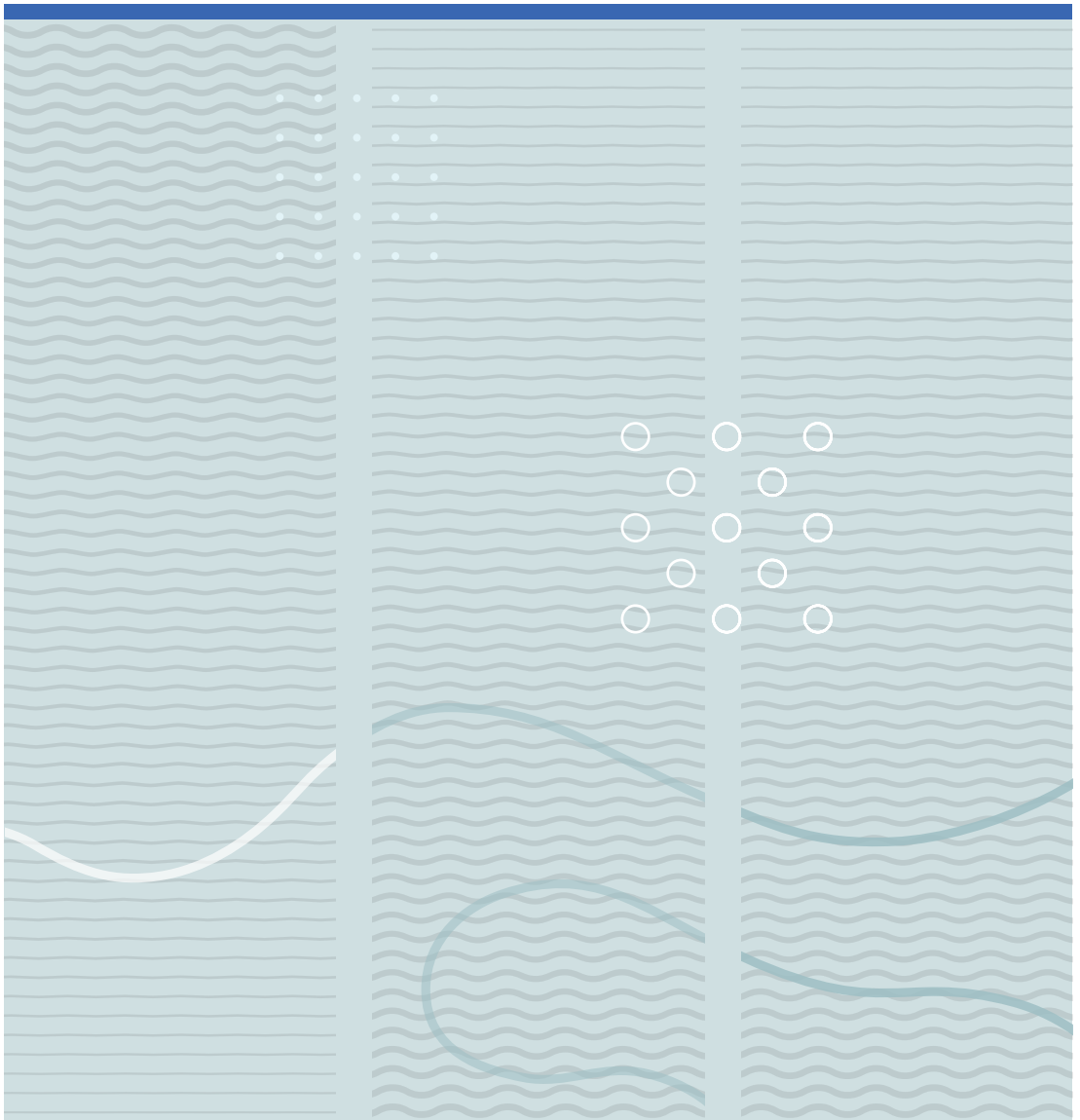


Lise Katrine Jepsen Trangsrud

With Nature in Recovery: A Qualitative Exploration of Experiences With Nature and Friluftsliv in Everyday Life for Persons With Eating Disorders





Lise Katrine Jepsen Trangsrud

**With Nature in Recovery:
A Qualitative Exploration of Experiences
With Nature and Friluftsliv in Everyday
Life for Persons With Eating Disorders**

A PhD dissertation in
Person Centred Healthcare

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To Tine

—
I

Havet og Skogen

*Havet og skogen er søsken.
De taler langveis sammen
på vindspråket. Den ene blond
av brenningers hvite skumbrem,
den andre mørk
av rotvokste vingeslag.
Havet og skogen er søster
og bror. Og selv er jeg
av samme higende ætt.
Jeg anerkjenner ingen grenser,
selv ikke dødens. Jeg har
sloppet mitt hjerte på beite
på solnedgangens røde enger
og slått opp min lengsels sandslitte
beduin-telt
bortenfor synsranda,
der lendet haller vestover
mot evigheten.*

Hans Børli

Preface

I have always been attracted to the ocean, which may be unexpected given my upbringing in the middle of a Norwegian forest with no coastline. There is just something about the horizon, especially when sailing. I can spend hours or days looking towards the point where sea and sky merge, when suddenly some reflections appear in the distance. They morph into an island or a coastline, and as I get closer, I begin to explore what was previously beyond my horizon. For me, exploration implies to broaden my perspectives. Since I was little, I have been encouraged to do so, both in Norway and abroad.

Conducting this research has reminded me that exploration is found not only in sailing to a new place or travelling to other parts of the world, but also in journeying with others through the stories they tell. Looking back over the past four years leads to the recognition of how the journey of one's own life happens constantly. During this candidacy, I have become a mother, twice; we have bought our first home; I have lost two of my grandparents; I have become an auntie; and due to Covid-19, we have experienced the most radical lockdown of society since World War II. All of this has generated new perspectives and reflections. To write, then, requires placing myself in a vulnerable position, as my words are left standing while the flow of life may dictate that I see my work from an entirely new angle after some time has passed.

My path to this research project is based to a large degree on my personal experiences as an outdoor teacher, a role through which I met youths in vulnerable positions who struggled with various health challenges, as well as my experience being close to someone dealing with an eating disorder. However, emphasising nature and *friluftsliv*, rather than the eating disorder, has represented an important health-promoting value-stance for me. The task of bridging different fields such as *friluftsliv*, mental health, and recovery, as well as eating disorders, has occasionally been frustrating and left me with a feeling of not belonging anywhere. In the end, however, I believe it to be a strength, because this has forced me to reflect upon the research from multiple perspectives – an opportunity I might not have had if I had stayed within only one of the research areas. In

addition, I feel grateful to have found a topic that has engaged me through all phases of the PhD process, although doing a PhD project is a bit like maintaining our old sailboat: every time we check one thing off the to-do list, three new tasks appear. However, at some point, it will be necessary to close some chapters. Hopefully, this will also open the door to new journeys and possibilities for exploration. As stated by the Danish author, sailor, and adventurer Troels Kløvedahl, 'to sail out is also about sailing home again – it is important to give the story an end'.

Trangsrud

Acknowledgements

This research project has lasted from 2017–2020, although the initial ideas and drafts date all the way back to 2014. The realisation of the project is not my accomplishment alone – I am enormously grateful for all those who have supported me along this journey.

First, I would like to thank the project participants. Thank you for your courage, for sharing your stories, and for allowing me to accompany you on your journeys in nature.

My deepest gratitude goes to my three amazing supervisors, Trude Klevan, Marit Borg, and Solfrid Bratland-Sanda. Thank you for the fitting and well-considered advice, your engagement, and your confidence in my abilities to complete this project. Your empowering and validating attitude has meant the world to me, and I am eternally thankful for everything I have learnt from you about life in academia.

Trude, thank you for joining the project as my new primary supervisor after Marit's retirement. You have always been reliable and supportive through the countless times that you have helped me to identify the bigger picture and somehow understand precisely what I needed to further this endeavour. Thank you for not only providing valuable scientific insight, but also for addressing potential structural hindrances that could have stolen time and energy from the project. Your exquisite sense of humour has definitely cheered me up during the writing process.

Thank you Marit for being my primary supervisor for as long as possible, and for remaining part of the project to its conclusion. You introduced me to participatory research approaches, recovery, and the multi-layered experiences of mental health, and your validating attitude towards all persons has truly inspired me. Moreover, your clear and pragmatic approach to research, as well as rigid standards for scientific work, has definitely helped me advance this project.

To Solfrid, who introduced me to the idea of doing this PhD in the first place and who persisted, although it took years of working as an outdoor teacher before I was ready and we had the funding in place. Thank you for including me in your world of research, sharing your knowledge, and always encouraging me to do my best. Your clear comments and genuine care have benefited both the project and me as a young researcher.

I also thank each person in the competence group. Our meetings have constituted an incredibly important arena for discussions and reflections, and I am deeply thankful for your willingness to share time and knowledge with me in the research process.

Thank you to the employees at Rådgivning om spiseforstyrrelser (ROS) for contributing with valuable perspectives, especially in the initial phases of the project.

I must also thank the University of South-Eastern Norway for the opportunity to conduct this research project, as well as my colleagues in 'Faggruppe psykisk helse og rus' for providing an inspiring and critical network for reflection. I give my warmest gratitude to all the wonderful librarians at Campus Drammen for their enormous patience and service.

Thank you to Kirsti Skovdahl for facilitating the PhD programme and for introducing me to the research school of PROFRES. Moreover, I extend my gratitude to Line Joranger for her enormous contribution to our PhD forum and for fighting for the health, wellbeing, and scientific development of candidates in our efforts to become competent researchers.

My greatest admiration goes to my fellow PhD candidates. Several of us have travelled all the way together, and I am forever grateful for our intellectual discussions and mutual moral support. Torill Eide, we immediately found each other in the discussions of person-centredness and methodological considerations. Thank you for always listening and for your inspiration and care.

I also thank Tom Strong and Tanya Mudry for organising and providing a three-month exchange at Calgary University. In addition, bringing our little family to Canada would not have been the same without the generosity and hospitality of Ian and Margot. Thank you for opening your home to us and letting us be part of your life and your big and wonderful family during this time.

To my dearest mother, Jytte, and my father, Ole Jonny: thank you for always believing in me and for your encouragement of all my projects. Thank you for welcoming my curiosity and desire to go exploring, for being attentive and supportive from my first school year through my entire education, and for teaching me to put in an effort in everything I do.

Tine, we have had our own journey these past years. Thank you for sticking with me, sharing old memories and creating new ones, opening my eyes to lived experiences, always being willing to answer my questions, and representing hope at times that might seem hopeless to many. I am deeply grateful for each of our meetings and all of our creative and humorous ideas.

Olve and Ona, you are the loves of my life. Thank you for keeping me grounded and reminding me of what really matters in this occasionally all-consuming PhD journey.

Aurora, our silly dog, thank you for all the runs and skiing trips in the forest. They have been much-valued breaks from too much work in front of the computer.

Signing up for this PhD was not only my own commitment, but also Martin's. I am forever grateful for your support and encouragement in the process, including your enthusiasm for the exchange programme in Canada. Thank you for our discussions, for keeping me attached to the lived world of *friluftsliv*, for your unconditional care and love, and for understanding my priorities. You have held the family (including the dog, the boat, and the house) together all along the way, especially during the last year of Covid-19

restrictions, pregnancy, and finishing the PhD. Thank you for sharing my passion for nature and for prioritising our outdoor adventures. You are my world.

Abstract

This thesis explores and discusses persons with eating disorders' experiences with nature and *friluftsliv*, etymologically translated as a free or open-air-life, as part of everyday life recovery. Recent research has emphasised a contextualisation of recovery as processes situated in a person's everyday life. This has been argued to be an important and validating perspective for individuals experiencing mental health challenges, defining them as persons, not by their symptoms or diagnoses. However, the prevailing approach to eating disorder recovery remains influenced largely by clinical perspectives and diagnostic frameworks. To broaden the understanding of what recovery processes for persons living and dealing with eating disorder recovery may entail, researchers must emphasise the first-person accounts of lived experiences and focus on identifying supportive strategies for daily life.

Along with growing global concern related to mental health challenges, interaction with nature has received increased attention with regard to health promotion and recovery. Although the benefits of a healthy relationship with nature are promising, further research is needed to elucidate the qualities of human–nature engagement. Moreover, while much research has centred on various outdoor therapies (such as adventure therapy and wilderness therapy), there is limited knowledge highlighting experiences with nature and *friluftsliv* as part of mental health and recovery processes for persons with eating disorders in non-clinical, everyday settings.

This research project is influenced by a hermeneutic phenomenological approach. In addition, the project has involved collaboration with a competence group, consisting of six persons with experiences with eating disorders and/or mental health challenges and with interests in nature and *friluftsliv*, throughout the research process. The thesis builds on an epistemological approach seeking closeness to participants' descriptions, recognising knowledge as co-created, temporary, and contextual. My reflexive engagement in a process of exploring, discussing, and reflecting has been important. This thesis is article-based and consists of three sub-studies.

The first study encompasses a systematic literature review with the objective of establishing the current knowledge base of friluftsliv as part of a person's eating disorder recovery processes. In addition, the review investigates how friluftsliv may contribute to changes in factors related to a person's eating disorder recovery processes. Thirteen studies were deemed eligible and included in the review. The findings indicate that participation in friluftsliv supported an improved body image, appreciation and acceptance of one's body, and enhanced self-esteem. However, the review also reveals the limited existing research in this area, particularly related to perspectives on nature and friluftsliv as part of recovery processes in everyday contexts.

The second study is qualitative, based on individual semi-structured interviews and 'going together' as method. The aim is to explore embodying experiences with nature related to recovery in everyday life for persons experiencing eating disorders. Eight participants with an interest in nature and friluftsliv, all of whom had experiences with bulimia nervosa and/or binge eating disorders, were interviewed twice. The interviews took place in nature, and the findings reveal how embodying experiences with nature enabled a (re)connection with one's body. Nature accentuated feelings of calmness and invited engagement with the senses. Moreover, the participants described nature as non-judgemental and as a place providing room for self-care. In the article, my co-authors and I explore perspectives on recovery as relational and contextual, related to human–nature interaction. Particularly, we discuss how experiences with nature challenge body–mind dualism and assert the need for further research to create a holistic approach towards the body in eating disorder recovery.

The aim of the third study is to explore subjective experiences of how friluftsliv can support processes of recovery for persons living with eating disorders. The empirical material is based on the same data-generation process used in the second study. This material was analysed again in accordance with the aim of the third study. The findings from this study indicate that friluftsliv encompass nurturing environments and

occupations that centre aspects of life other than the eating disorder. Friluftsliv was defined as involving relational processes that facilitate recognition of the participants' needs, as well as a learning and practice arena for reclaiming control over their recovery and, indeed, their lives. Moreover, the participants described how friluftsliv supported a new sense of self through (re)establishing oneself as an outdoor person. The experiences of the participants illustrate recovery for persons with eating disorders as dynamic processes, including times when the eating disorder could be shifted to the background and times when it felt more present.

The findings from the three sub-studies depict experiences with nature and friluftsliv as nurturing environments and occupations that provide valuable breaks from the distress associated with an eating disorder. In this regard, the participants described friluftsliv as important supportive strategies for managing everyday life. The overall discussion in the thesis centres upon how experiences with nature and friluftsliv can be understood as embodied, relational, and related to perspectives on everyday life. The participants' descriptions of their embodied and relational engagement with nature highlighted eating disorders as complex and multi-layered. Nature facilitated a (re)connection between body and mind. Furthermore, the participants emphasised the benefits of experiences with nature and friluftsliv as shifting their focus to something 'outside' themselves. Moreover, an everyday perspective on experiences with nature and friluftsliv recognises the participants' resources and efforts to support their recovery processes.

However, it is important to note that spending time with nature did not necessarily heal or erase the entire struggle experienced. The project participants primarily described their relationship with nature as providing important breaks and a change of focus that were supportive in dealing with a difficult situation. Moreover, the point is not to claim that friluftsliv is a meaningful part of recovery for all persons experiencing eating disorders. Rather, this project advocates for the continued exploration of multi-disciplinary approaches to recovery, recognising eating disorders as encompassing broader health concerns and affecting a person's wellbeing and quality of life.

Experiences 'with nature in recovery', as indicated in the title of this thesis, contribute to extended knowledge on how participation in meaningful occupations and healthy environments can support persons in living and dealing with the recovery processes related to eating disorders.

Keywords: Nature, friluftsliv, recovery, eating disorders, health promotion, wellbeing, everyday life, lived experiences

List of papers

Article 1

Trangsrud, L. K. J., Borg, M., & Bratland-Sanda, S. (2020). Friluftsliv in eating disorder recovery – A systematic review. *Journal of Outdoor Recreation, Education & Leadership*, 12(2), 181-204. doi:<https://doi.org/10.18666/JOREL-2020-V12-I2-9607>

Article 2

Trangsrud, L. K. J., Borg, M., Bratland-Sanda, S., & Klevan, T. (2020). Embodying experiences with nature in everyday life recovery for persons with eating disorders. *International Journal of Environmental Research & Public Health*, 17(8), 2784. doi:<https://doi.org/10.3390/ijerph17082784>

Article 3

Trangsrud, L. K. J., Borg, M., Bratland-Sanda, S., & Klevan, T. (2021). Shifting the eating disorder into the background—Friluftsliv as facilitating supportive strategies in everyday life recovery. *Journal of Adventure Education and Outdoor Learning*, 1-15. doi:10.1080/14729679.2021.1894954

Abbreviations

AN: Anorexia nervosa

BED: Binge eating disorder

BN: Bulimia nervosa

IPA: Interpretative phenomenological analysis

ROS: Rådgiving om spiseforstyrrelser (Norwegian NGO on eating disorders)

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1 Introduction

This thesis consists of three components: one systematic literature review and two qualitative studies. The empirical material from the qualitative studies has been developed with eight participants who have interests in nature and *friluftsliv*, etymologically translated as a free or open-air-life (Gurholt, 2008b), and experiences with eating disorders. Because the field remains relatively unexplored, with limited scientific research, this project contributes with systematised and in-depth knowledge of subjective and lived experiences. The aim of this thesis is to explore and discuss persons with eating disorders' experiences with nature and *friluftsliv* as part of everyday life recovery.

Recent research on mental health recovery has portrayed recovery as a personal, social, and relational journey that must be contextualised within persons' everyday life (Davidson & Roe, 2007; Mudry, Nepustil, & Ness, 2019; Topor, Borg, Di Girolamo, & Davidson, 2011). However, most research on individual recovery processes related to eating disorders has emphasised clinical perspectives and a diagnostic framework. This has been argued to present a somewhat narrow and de-contextualised picture of what living and dealing with recovery related to eating disorders actually involves (Patching & Lawler, 2009). Hence, there has been a call to explore subjective experiences and recognise eating disorder recovery journeys as a multifaceted processes in a person's everyday life. This includes a focus on identifying supportive strategies and seeking meaning in areas of life unrelated to the eating disorder (D'abundo & Chally, 2004; Matusek & Knudson, 2009; Patching & Lawler, 2009).

This research project was situated in Norway, where *friluftsliv* has been advocated as an arena that can facilitate support, engagement, and coping strategies on an everyday basis. As such, it is considered an important source of health and wellbeing (Dervo et al., 2014; Klima- og miljødepartementet, 2016; Kurtze, Eikemo, & Hem, 2009). Although there is limited systematised research related to *friluftsliv* and mental health recovery in Norway, this may be understood in accordance with a growing body of international

research that supports the recognition of interactions with nature for health promotion and recovery, including a broad range of psychological, physiological, and social benefits (Annerstedt & Währborg, 2011; Keniger, Gaston, Irvine, & Fuller, 2013; Mygind et al., 2019). However, although the knowledge base of potential health-related benefits is promising, less is known about the quality of persons' experiences with nature and friluftsliv (Brymer, Araújo, Davids, & Pepping, 2020; Schweitzer, Glab, & Brymer, 2018). As such, there has been a call for further research regarding the relational aspect of human–nature interactions, including a focus on sensory and embodied experiences (Franco, Shanahan, & Fuller, 2017; Schweitzer et al., 2018). In addition, much of the research related to mental health recovery and nature has centred on various outdoor therapies (Mygind et al., 2019). As with the more general knowledge base of everyday life recovery, there is limited research related to subjective experiences with nature and friluftsliv as part of mental health recovery in non-clinical, everyday contexts.

In recent decades, participatory research approaches and user involvement have gained increased recognition within recovery-oriented research (Beresford, 2019). Advocating the experiential knowledge that individuals possess related to their own situation, this also emphasises respect for first-person accounts as a valid source of knowledge (Beresford, 2013; Moltu, Stefansen, Svisdahl, & Veseth, 2012). While a focus on everyday life and a person's lifeworld has been advocated to reduce the distance between scientific research and daily life (Borg & Askheim, 2010; Natvik & Moltu, 2016), studies attending to first-person experiences with eating disorders may arguably be a neglected perspective (D'abundo & Chally, 2004; Matoff & Matoff, 2001; Pettersen & Rosenvinge, 2002). Hence, there is a need for research that explores and discusses individuals' strategies for living and dealing with eating disorders from a first-person and lived-experience perspective.

1.1 Structure of the thesis

Following this introduction, chapter two is devoted to a more extensive presentation of the background and relevant theoretical perspectives for this project. In chapter three, I

present the thesis aim; in chapter four, I seek to elaborate relevant philosophical, scientific, and methodological considerations. Methods and procedures are presented in chapter five, followed by a summary of the findings in chapter six. Chapter seven encompasses a discussion of the findings related to the theoretical, philosophical, scientific, and methodological approaches explored in the thesis. In the final chapter, chapter eight, I offer concluding remarks on the project.

2 Background and theoretical perspectives

This chapter presents the theoretical background of the current research project. Based on my overall focus on individual health and wellbeing, the first section is devoted to a preliminary note on how this is to be understood in the thesis. Next, I present the three primary theoretical perspectives in the thesis: nature and friluftsliv, recovery, and eating disorders. This also includes an overview of the present state of knowledge and a definition of the relevant concepts in the thesis. Although presented in separate sections, the three realms should be seen as intertwined, particularly in terms of an emphasis on perspectives related to persons' everyday life.

2.1 Perspectives on health and wellbeing

'Nature is doing her best each moment to make us well. Why, "nature" is but another name for health, and the seasons are but different states of health'. (Henry David Thoreau)

This project has health promotion as a point of origin; simultaneously, it focuses on persons' experiences with recovery. The World Health Organization's (WHO) (2018) conceptualisation of health as something more than the absence of disease, inclusive of physical, mental, and social wellbeing, arguably supports the overlapping processes of promotion and recovery. Moreover, WHO (2018) emphasises that there is no health without mental health. However, while acknowledging the importance of strengthening the focus on mental health in all situations, it has been challenging to label this as a 'mental health' project given the emphasis on embodied meetings with nature and on understanding the body as essential in eating disorders. Defining something as 'mental health' rather than, for instance, 'health and wellbeing' appears to propagate the concept of a dualism between body and mind. It is precisely this dichotomy that I attempt to turn away from. At the same time, eating disorders (as well as the perspectives on recovery suggested in this thesis) are traditionally identified with mental health. Therefore, I reference 'mental health' as a term throughout the thesis while maintaining a holistic and embodied concept of health as everything that concerns a person.

Mental health is typically referred to as ‘a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community’ (World Health Organization, 2018). This contextual understanding of mental health as encompassing the right to live an autonomous and meaningful life is mirrored in the growing recognition of mental health as determined by a range of socioeconomic, biological, and environmental conditions (World Health Organization, 2018). Within this project, health and wellbeing should be understood as dynamic and process-oriented. This is in line with salutogenic perspectives on health that applies to a recognising of individuals’ potential, competencies, capabilities, and resources for living a meaningful life, as well as their capacities to respond to stressful situations (Eriksson & Lindström, 2011). In this regard, wellbeing encompasses psychological, emotional, and social wellbeing (de Vos et al., 2017) and relates to subjective experiences of wellness in one’s own life (hedonia) as well as the process of living well (eudaimonia) (Deci & Ryan, 2006). According to a salutogenic understanding of health, experiencing challenges and strain are part of human development (Eriksson & Lindström, 2011). Thus, what is found health promoting in persons’ recovery processes centres on the coping strategies of individuals and their relation to societal structures and living conditions (Eriksson & Lindström, 2011).

In a Norwegian study, Fugelli and Ingstad (2009) argue that health, nature, culture, and identity are closely intertwined, highlighting the connection between experiences with nature and perceptions of oneself and one’s health. Similarly, Taylor, Wright, and O’Flynn (2018) advocate the concept of ‘environmental health’, arguing that health and wellbeing are related to places, relationships, and connection with nature. Rather than the ‘dominant risk-based’ health discourses focusing upon body fitness, food, and nutrition, they envision health as embodied relations with the world. Across the world, increasing concern has been expressed regarding the possibly detrimental consequences of human dislocation and alienation from nature (Bratman et al., 2019). The technification and urbanisation of human life have been argued to contribute to a lifestyle requiring less

physical activity and in-person contact amongst humans and between humans and nature (Fernee, Mesel, Andersen, & Gabrielsen, 2019; Mitten & D'amore, 2018). This concern is frequently discussed in parallel with the awareness of expanding mental health challenges. Hence, there is a growing effort by researchers, politicians, and practitioners to broaden perspectives and explore multiple approaches towards health and wellbeing (World Health Organization, 2019).

2.2 Perspectives on nature and friluftsliv

'Nature is an enigmatic object, an object that is not an object at all; it is not really set out in front of us. It is our soil [sol] – not what is in front of us, facing us, but rather, that which carries us'. (Merleau-Ponty, 2003, p. 4)

The recognition that it is beneficial for humans to have contact with nature is not new – it has been advocated for centuries with regard to nature preservation, health promotion, and healing (Ewert, Mitten, & Overholt, 2014). However, it is only within recent decades that a growing body of international research has focused on various experiences related to nature and human health. Several reviews have sought to synthesise the existing literature. The findings indicate that interactions with nature contribute to recovery, reduce mental fatigue, increase the capacity to direct attention, have a broad range of psychological and physiological benefits, and increase social interaction and cohesion (Annerstedt & Währborg, 2011; Bowler, Buyung-Ali, Knight, & Pullin, 2010; Haluza, Schönbauer, & Cervinka, 2014; Holland, Powell, Thomsen, & Monz, 2018; Keniger et al., 2013; Mygind et al., 2019; Twohig-Bennett & Jones, 2018). While there appears to be a consensus regarding the benefits of interacting with nature in a rapidly urbanising world (Bratman et al., 2019), both reviews and individual studies demonstrate great variety in their explanations for these results.

In this section, theoretical perspectives on the human–nature relationship are introduced, followed by an exploration of the concepts 'nature' and 'experiences with

nature'. I then elaborate upon friluftsliv and the sociocultural context before focusing on friluftsliv as recreational occupations in persons' everyday life.

2.2.1 Theoretical perspectives on the human–nature relationship

Several routes have been taken by those who sought to explore and explain the connection between humans and nature. Much of the existing literature relates to environmental psychology, which traditionally has emphasised evolutionary and psychological perspectives. However, phenomenological and sociocultural approaches may also advance equally valuable perspectives in this regard (Knopf, 1987; Schweitzer et al., 2018).

The term 'biophilia' is frequently mentioned in connection with the human–nature bond. Biophilia refers to the love of life and living systems, a term first coined by the psychologist Eric Fromm in the 1960s, although it is probably better known as 'The Biophilia Hypothesis' posited by Edward Wilson in the 1980s (Kellert & Wilson, 1993). This hypothesis understands human emotional affiliation with nature from an evolutionary perspective and relates it to the concept of an innate necessity for contact with nature, plants, and animals (Kellert, 1993).

The biophilia hypothesis underpins many of the perspectives prominent in environmental psychology today (Mayer, Frants, Bruehlman-Senecal, & Dolliver, 2009). In particular, the restorative and stress-reducing qualities of nature have been emphasised (Kaplan, 1995; Ulrich et al., 1991). Some of the earliest studies within environmental psychology focus on viewing natural environments from the hospital window as beneficial for recovery after surgery (Ulrich, 1984). These results are often mentioned in research on visual contact with nature – for instance, with prison inmates (Söderlund & Newman, 2017) or employees whose offices overlook green areas (Sop Shin, 2007). Moreover, photographs and films of nature have been found to improve a person's mood and attentional capacity (Mayer et al., 2009).

However, there may be a difference between mere visual interaction and an embodied interaction with nature (Franco et al., 2017). Moreover, researchers have demonstrated that being present in nature provides greater health-related benefits than experiencing virtual nature (Kjellgren & Buhrkall, 2010). Similarly, others have argued that theories of environmental psychology primarily emphasise general and static traits in the human–nature connection as responding to stimuli; thus, they fail to recognise that this relationship is actually dynamic, reciprocal, and in constant flux (Skår, 2010).

At least two perspectives have been presented in addition to the evolutionary and psychological approaches advanced by much of environmental psychology. In article two (and as elaborated further in chapter four), I propose phenomenological perspectives of the human body for exploring the human–nature connection through conceptualising a person as embodied and situated in a reciprocal relationship with the world and nature (Merleau-Ponty, 1962). Moreover, arguments based on cultural and learning perspectives suggest that one’s experiences with and understanding of nature are dependent on values and interpretations as defined by one’s society and culture (Knopf, 1987). This approach emphasises how the meaning ascribed to nature is acquired through socialisation that begins at an early age, of which friluftsliv serves as an example (Knopf, 1987).

2.2.2 Conceptualising ‘nature’ and ‘experiences with nature’

Following the multiple approaches towards the relationship between humans and nature, it is understandable that research varies widely in terms of how ‘nature’ is conceptualised. Arguably, humans are also (part of) nature. Thus, the terms ‘more-than human nature’ (Taylor et al., 2018, p. 914) or ‘the natural world’ (Brymer, Freeman, & Richardson, 2019, p. 1) may be instructive when researching the relationship between humans and nature. In this thesis, however, I refer to this simply as ‘nature’. Within the expanding research field of nature and health, the concept nature encompasses virtual nature, indoor plants, private gardens, urban green areas, parks, forests, wildlands, and remote wilderness areas. What is referred to as ‘nature’ in a Norwegian context often

connotes large areas of remote, ‘uncultivated’ land with minimal human influence, typically referred to as ‘wilderness’ elsewhere (Gurholt, 2014). Although little in Norway could be considered ‘wild’ and ‘untouched’, nature often refers to ‘outfields’ (*utmark*) where a person is allowed to roam freely and carefully with minor restrictions (Gurholt, 2014). In much of the literature, the term ‘natural environments’ is used interchangeably with ‘nature’, referring to an environment with little evidence of human presence or control (Hartig, Mitchell, de Vries, & Frumkin, 2014). However, in practice, much research relates to nature as situated in a built and urban context, suggesting the term ‘urban nature’ as an instructive frame of reference (Hartig et al., 2014).

Much in line with the perhaps ‘typical’ Norwegian understanding of nature (as explained above), researching ‘experiences with nature’ in this project has been understood as including outdoor nature, external to one’s private garden. The exploratory design of the project allows for the participants’ reflections around what they perceive as ‘nature’ to inform the approach taken. The term ‘experiences *with* nature’ has been deliberately chosen to convey the idea that a person’s relations with the world are dynamic, holistic, and embodied. Phrases such as ‘interaction with nature’ or ‘engagement with nature’ arguably encompass this reciprocal relationship.

However, a large portion of the recent research has taken an ‘exposure to nature’ approach, including a demand for delineating the doses of nature needed in terms of duration, intensity, and the ‘level of greenness’ in the area (Barton & Pretty, 2010; Cox et al., 2017). While these studies tend to view nature as an external reality that can be studied objectively, it has been argued that neither humans nor nature – nor human–nature interaction – can be easily characterised using standardised methods (Mygind et al., 2019). Moreover, research has suggested that proximity to and a sense of connectedness with nature influence self-understanding, and thus exert a profound impact on a persons’ health and wellbeing (Schweitzer et al., 2018). While encompassing a variety of interpretations, subjective experiences with nature are an essential element of *friluftsliv* within the Nordic countries (Bischoff, 2012; Hofmann, 2018).

2.2.3 Friluftsliv and the sociocultural context

Friluftsliv presents an interdisciplinary and varied research field, often including other areas such as tourism, education, environmental management, and health. In recent decades, this Norwegian and Nordic term has gained increased attention, even internationally (Beery, 2013; Gelter, 2000; Henderson & Vikander, 2007; Hofmann, 2018; Reed & Rothenberg, 1993). Friluftsliv has received multiple English translations: ‘outdoor life’, ‘outdoor recreation’, ‘outdoor pursuits’, and ‘outdoor activities’, as well as ‘outdoor education’ and ‘outdoor learning’ (Gelter, 2000; Gurholt & Haukeland, 2020; Jirásek & Turcova, 2017). The meaning of friluftsliv as a relatively value-based, nature-inclusive lifestyle in the Nordic countries has been argued somewhat different from more commercialised, skill-focused, and risk-oriented outdoor activities elsewhere in the world (Gelter, 2000; Gurholt, 2008b; Hofmann, 2018). Much of this can be traced to the deep ecology philosophy advanced by the Norwegian mountaineer and philosopher Arne Næss in the 1970s (Haukeland & Næss, 2008; Næss, 1976). In accordance with the growing environmental movement, friluftsliv was proposed as a reaction and critique of modern society’s consumer lifestyle (Næss, 1976). However, these interpretations have been challenged by arguments that friluftsliv is also largely influenced by international tendencies within outdoor pursuits (Horgen, 2019). What is considered genuine about Norwegian friluftsliv relates to the high participation rate, the relatively easy access to nature, and the citizens’ identification with the cultural values of friluftsliv (Gurholt, 2008a; Horgen, 2019).

In discourses on Norwegian friluftsliv, it is often emphasised as an important part of our cultural heritage (Gabrielsen & Fernee, 2014; Gelter, 2000). The concept probably first appeared in the poem ‘On the heights’ (Paa Vidderne) by Henrik Ibsen in 1859 (Horgen, 2019). Moreover, Norwegian polar history is typically described as contributing to the construction of friluftsliv as an important part of national identity (Gabrielsen & Fernee, 2014; Gurholt, 2008a). Friluftsliv has been labelled a national symbol, albeit one that different persons can interpret and imbue with meaning (Nedrelid, 1992). Although there

may be ambiguity concerning the 'Norwegianness' of friluftsliv, I have found it helpful in this project to bear in mind the significant role that friluftsliv holds socially, culturally, and ideologically (Gurholt, 2008a; Riese & Vorkinn, 2002), as both participants and researchers are arguably embedded in and influenced by this. However, an egalitarian understanding of friluftsliv has been heavily contested, emphasising the multidimensional approaches related to factors such as class, gender, ethnicity, and geographic region (Gurholt, 2008a). Thus, friluftsliv can be considered a 'dynamic, variable and society-related phenomenon, anchored in *situated* human beings' bodily practices and experiences; as lived experience and reflection' (Gurholt, 2008a, p. 65).

As with the concept of nature, I did not specifically define 'friluftsliv' prior to meeting participants but were interested in their elaboration upon the concept. This was possible due to the explorative design of the research project. Based on the three papers included in the thesis, we then operationalised friluftsliv as 'nature-based, non-competitive, and non-motorized activities (sedentary or active)'. Although relatively broad, this conceptualisation was developed to benefit our overall project aim (emphasising persons' experiences and relationship with nature and friluftsliv), although this arguably can occur in multifaceted ways.

2.2.4 Friluftsliv as everyday recreational occupations

Historically in Norway, it has been proposed that the difference between work and leisure time was an important condition for the development of friluftsliv as a modern recreational occupation (Tordsson, 2010). In this thesis, the term 'occupation' reflects an emphasis on how persons occupy time and place in their doings, and how this relates to a broad spectre of 'experience, purpose and attached meaning' (Christiansen & Townsend, 2014, p. 2). Although work and leisure together generally constitute most persons' daily lives, much of the literature contrasts leisure time pursuits in nature and friluftsliv with everyday life. It is frequently asserted that one seek out nature to escape the hustle and bustle of everyday life (Baklien, Ytterhus, & Bongaardt, 2015; Korpela, Ylen, Tyrvaainen, Silvennoinen, & Korpela, 2008); to take a break from daily routines (Riese

& Vorkinn, 2002); or to experience relief from the time-bind associated with everyday life (Skår & Krogh, 2010). Thus, friluftsliv is recognised as an important part of everyday life (Gurholt, 2008a) while, simultaneously, part of the motivation for friluftsliv is also to create a physical distance from one's normal activities and home base (Bongaardt, Roseth, & Baklien, 2016).

Social anthropologist Marianne Gullestad has had a major influence on research into daily life in Norway, including friluftsliv. Gullestad (1989b) recognises everyday life as individuals' attempts to create coherence and continuity and connect everyday experiences to one's identity and lifeworld. Importantly, the contrast with everyday life is not necessarily only on weekends and holidays; rather, the contrast lies in objective or de-contextualised descriptions of societal systems or structures. Following Gullestad, several Norwegian researchers who discuss friluftsliv have continued the exploration of individual practices and experiences with nature. Through their empirical research, Bischoff (2012), Gurholt (1999), and Skår (2010) have inspired this thesis with their emphasis on 'ordinary people's' everyday engagement with nature and friluftsliv. The various methodological approaches taken have contributed to a nuanced and multifaceted understanding of what friluftsliv may constitute, as well as how it can be researched. Moreover, through an exploration of experiences with nature and friluftsliv, their research highlights the importance of daily access to and recreational interaction with nature as important strategies for health and wellbeing.

2.3 Perspectives on recovery

'Recovery does not mean cure. Rather recovery is an attitude, a stance, and a way of approaching the day's challenges. It is not a perfectly linear journey. There are times of rapid gains and disappointing relapses. There are times of just living, just staying quiet, resting and regrouping'. (Deegan, 1996, p. 97)

This section presents relevant theoretical perspectives related to recovery. I begin with a conceptualisation of recovery, characterising it as consisting of personal, social,

contextual, and relational processes. This is followed by an exploration of recovery as being embedded in persons' everyday life experiences. Here, I also suggest that there are several shared features between recovery-oriented and person-centred approaches to health. Particularly, the emphasis on personal strategies for identifying ways of moving forward in life (Borg & Karlsson, 2016) is recognised as important, in line with this project's exploration of subjective experiences. In the next section (2.4), I focus more specifically on recovery processes for persons experiencing eating disorders.

2.3.1 Conceptualising 'recovery'

In recent years, a substantial portion of what is often termed 'the Western world' has witnessed recovery orientations in mental healthcare policies and practices (Davidson & Schmutte, 2019). Historically, 'The Recovery Movement' is often traced to the Civil Rights Movement in the US in the 1960s and 1970s, when persons referring to themselves as ex-patients, survivors, or users of mental health services agitated for the right to live autonomous, safe, and dignified lives no matter how their health situation developed (Davidson, Anthony, & Gill, 2006; Davidson & Roe, 2007). Part of the confusion surrounding the multiple conceptualisations of recovery could be found in a parallel force stemming from longitudinal, clinical outcome research in the 1960s and 1970s that challenged the paradigms of mental health disorders as permanent or 'chronic' (Davidson & Roe, 2007). A more clinical understanding of recovery emphasised that persons can and do recover to such a degree that symptoms or other deficits associated with the disorder no longer interfere with daily functioning (Davidson & Roe, 2007).

Etymologically, *recovery* has been defined as 'a return to a normal state of health, mind, or strength' (Lexico, 2020). However, identifying what 'normal' implies is not simple. In much of the literature, recovery is viewed as a personal process in which the aim is to find a way back to oneself and a meaningful everyday life (Topor et al., 2011). A much-used quote describes recovery as 'a deeply personal, unique process of changing one's attitudes, values, feelings and goals and/or roles' (Anthony, 1993, p. 15). While recognising the personal aspects of recovery, seeing it only as an individual matter may

neglect the fact that recovery is also a social and contextual process that often influences one's economic situation, family life, social relations, work situation, leisure time, and general understanding of oneself (Borg, 2007; Klevan, Karlsson, & Ruud, 2017; Topor et al., 2011).

Consequently, recent critiques have concerned how an individualistic perspective places the onus of recovery upon the person, as a private and individualised responsibility (Price-Robertson, Obradovic, & Morgan, 2017). Moreover, a related criticism posits that the focus on recovery in mental health risks that service users will be divided into two categories: those who are able and willing to recover and those who are not (Fisher & Freshwater, 2015). In response to this criticism, recent research has reimagined recovery as occurring through relational processes, emphasising the connection between what takes place internally and the sociocultural-material situatedness of that person (Price-Robertson et al., 2017). Along with other important factors, participating in social and cultural contexts, having a sense of belonging, and reconstructing an identity beyond the challenges experienced have been described as essential elements in persons' recovery processes (Borg & Davidson, 2008; Deegan, 2005). In this thesis, recovery should be understood as the processes of identifying strategies in everyday life that are experienced as supportive in terms of managing most things in life, while also seeking to ameliorate the negative effects of a given situation (Borg, 2007; Borg & Davidson, 2008; Davidson & Roe, 2007). Along these lines, research exploring recovery as it transpires within the context of a person's everyday life has been important.

2.3.2 Recovery as everyday life experiences

The World Health Organization reports that health and wellbeing are mostly maintained in daily life through coping strategies and interaction with what one deems to be meaningful (Saxena & Setoya, 2014). A general understanding of everyday life from a health perspective can be gleaned from the statement by the Ottawa Charter for Health Promotion: it is where people 'learn, work, play and love' (World Health Organization, 1986). Thus, researching everyday life encompasses a holistic approach that considers

the context and person as situated in the world; this contrasts with the dominant therapeutic or clinical focus on mental health recovery as the treatment of an illness or disorder.

As with recovery, the concept of person-centredness has received increasing interest as an inclusive healthcare philosophy and strategic focus that challenges more biomedically-informed perspectives (World Health Organization, 2015, 2019). While the point of origin and traditions of recovery and person-centredness may differ, several common features have been proposed – most importantly, the focus on the inherent resources a person possesses, the recognition of a person’s own effort in their recovery processes, and providing them with the opportunity to make informed decisions regarding matters of daily life (Hummelvoll, Karlsson, & Borg, 2015). In addition, the acknowledgement of lived experiences as valued knowledge in research, practice, and politics has been highlighted in person-centred and recovery-oriented approaches (Hummelvoll et al., 2015).

For some time now, it has been suggested that recovery occurs regardless of the offer of formal help (Mudry et al., 2019). This notion also applies to eating disorders (Matusek & Knudson, 2009; Redenbach & Lawler, 2003), though it should not negate professional or organised support or trivialise the severity of experiences with eating disorders. Rather, it is an attempt to challenge the emphasis on diagnostic criteria as defining recovery; it also questions the paradigm of the helper as an ‘expert’ who holds ‘solutions’ (Mudry et al., 2019, p. 192). Mudry et al. (2019) have proposed that focusing on individuals’ resources within their ordinary activities and environments would actually make recovery processes more sustainable.

Based on the salutogenic approach to health that underpins this project, I focus on an everyday setting, thereby illuminating experiences from a first-person perspective and contributing to a recognition of individuals’ social agency, as well as their knowledge about self-care strategies and ways to maintain their daily lives (Borg & Davidson, 2008). Of course, this may also include clinical encounters. However, in such cases, the

treatment settings are often related to as ‘the big thing’ (Topor, Bøe, & Larsen, 2018), whereas the daily activities or strategies (‘the small things’) are understood as situations without ‘formally declared therapeutic value’ (Skatvedt, 2017, p. 400). The call for research focusing on everyday life stems from a recognition of how ‘small things’ are often overlooked as trivial or taken for granted, even though they turn out to represent important processes (Gullestad, 1989c). In this regard, participating in meaningful activities and environments experienced as healthy and nurturing – such as working in a supportive environment or having a safe and enjoyable home base with friends, family, and access to nearby nature – have all been mentioned as examples of what is helpful in recovery (Borg, 2007; Deegan, 2005).

2.4 Perspectives on eating disorders

‘At its heart, an eating disorder is not a disordered relationship with eating but with the body’. (Sands, 2016, p. 27)

Persons experiencing eating disorders report a lack of control in life, low self-esteem, a feeling of being unable to meet familial or societal expectations, and a difficult relationship with their body (Redenbach & Lawler, 2003). The medical diagnosis, however, assesses a person’s eating disorder primarily according to symptoms and diagnostic criteria related to weight, energy intake, potential compensatory behaviour, and concerns with body weight and shape (American Psychiatric Association, 2013). As a consequence, eating disorders are frequently understood differently in clinical practice than when described from first-person perspectives. Moreover, numerous approaches and definitions of eating disorders have been applied in research contexts. In this section, I describe eating disorders as understood in this thesis, contextualising this issue within a broader health perspective. I then focus more specifically on recovery processes for persons with eating disorders, emphasising subjective experiences. Finally, I provide perspectives related to the relationship with one’s own body in eating disorder recovery.

2.4.1 Conceptualising 'eating disorders'

While most persons have thoughts related to their body, food, and weight, eating disorders are characterised by such intense preoccupations with these issues that they negatively influence a person's overall functionality (Rø, 2020b). Thus, eating disorders can be understood as efforts to manage a problematic relationship with one's body, thoughts, and feelings (Cook-Cottone, 2016; Sands, 2016). First-person accounts of individuals with experiences with eating disorders emphasise the psychosocial, emotional, and physical consequences of living with an eating disorder (Høiseth, 2020; Matusek & Knudson, 2009). Understanding the lived experiences of eating disorders necessarily involves holistic and contextualised perspectives on how the eating disorder is thoroughly involved in persons everyday occupations (Elliot, 2012). The severity of eating disorders is typically associated with an impaired quality of life due to the recognition that they impact all facets of a person's life, including social and economic aspects (de Vos et al., 2017).

Recent literature has illustrated that most research on eating disorders concerns anorexia (Pike & Dunne, 2015). From clinical perspectives and within most research, anorexia nervosa (AN) is defined by low weight, low food intake, and a fear of gaining weight (Rø, 2020a). Hallmarks of bulimia nervosa (BN) typically relate to recurrent episodes of binge eating followed by compensatory behaviours such as vomiting, pharmaceutical use, or excessive physical activity; binge eating disorder (BED) consists of binge eating episodes not followed by these compensatory behaviours. Binge eating episodes are often characterised by marked distress (Rø, 2020a, 2020b). However, the participants in this project reported that the 'symptoms' and behaviour often overlap. Although there has been growing recognition of eating disorders as multifaceted (including a development of their aetiology in diagnostic manuals), the dominant focus on AN has arguably limited the understanding of other forms of eating disorders (Pike & Dunne, 2015).

The prevalence of eating disorders, both in Norway and globally, is uncertain due to significant variation in the definition criteria for eating disorders, study designs, and

sample characteristics (Rø, 2020a). The numbers from Norway are based on studies more than 20 years old that have several shortcomings; a 2002 study concluded that approximately 50,000 women aged 15–44 years had developed anorexia nervosa, bulimia nervosa, or binge eating disorder (Rosenvinge & Götestam, 2002). A recent study from the Nordic countries estimates that the lifetime prevalence is 0.2–2.9% for AN, 0–4.1% for BN, and 0.7–5.8% for BED (Dahlgren, Stedal, & Wisting, 2018). Worldwide, the most common types of eating disorders are OSFED (Other specified feeding and eating disorder, previously EDNOS), followed by BED and BN. The lifetime prevalence of EDs in general is estimated to be 8.4% for women and 2.2% for men (Galmiche, Déchelotte, Lambert, & Tavoracci, 2019).

Although the prevalence of eating disorders amongst men appears to be increasing, the number of men with an eating disorder is still assumed to be underreported (Dahlgren et al., 2018; Galmiche et al., 2019). Previously, eating disorders have largely been associated with white females in high-income Western countries (Pike & Dunne, 2015). Recent research has found that the prevalence of eating disorders is rising in non-Western societies (Makino, Tsuboi, & Dennerstein, 2004; Pike & Dunne, 2015). The argument runs that eating disorders are heavily influenced by sociocultural factors, particularly urbanisation, industrialisation, and globalisation (Pike & Dunne, 2015). Thus, understanding eating disorders necessitates not only paying attention to individuals' pathology, but also recognising that the whole person is embedded in a cultural community and socio-ecological environment that may hold important implications for recovery.

2.4.2 Recovery processes for persons experiencing eating disorders

Eating disorders are complex phenomena. The use of 'medicalised' terminology may conceal the great variety of subjective experiences living with these challenges, including recovery (D'abundo & Chally, 2004; Pettersen & Rosenvinge, 2002). To date there is little consensus regarding the conceptualisation of what eating disorder recovery constitutes or how it is best facilitated (Bardone-Cone, Hunt, & Watson, 2018; de Vos et al., 2017).

Moreover, many never seek formal treatment (Hoek & Van Hoeken, 2003), which shows the need to look beyond clinical parameters when attempting to understand persons' recovery processes (Redenbach & Lawler, 2003).

One ongoing debate has surrounded the 'chronicity myth': both eating disorder NGOs and clinicians have emphasised that persons with eating disorders 'recover', including in the clinical sense of the term (Heitmann, 2020; Rø, 2020b). Such perspectives accord with the more clinical understandings of recovery (see 2.3.2) as a return to 'normal', often with an emphasis on symptom remission (Slade et al., 2012). However, this understanding generally differs from narrative accounts of personal experiences with recovery as a non-linear process (Davidson & Roe, 2007) in which personal differences in preferences and aspirations make it difficult to standardise what recovery should entail (Slade, 2009). While recognising that it is possible 'to recover', many still report living with the consequences of their eating disorder and describe recovery as an ongoing journey rather than an outcome (D'abundo & Chally, 2004; Matoff & Matoff, 2001). Therefore, the term 'eating disorder recovery' may reflect an objectifying terminology and actually conflict with the understanding of recovery proposed in this project. Recognizing its biomedical underpinnings, I use 'eating disorder recovery' throughout this thesis, as it is an established term. Nevertheless, I reiterate both the shared and diverse elements of persons' lived experiences embedded within this concept.

While eating disorder recovery traditionally has been associated with 'seeking psychological, nutritional and medical treatment' (Matusek & Knudson, 2009, p. 705), general perspectives on health and wellbeing in everyday life – including how recovery encompasses more than merely the absence of symptoms – often stem from a first-person perspective (Pettersen & Rosenvinge, 2002; Rø, 2020b). Eating disorders has been reported as typically involving a struggle for control that evolves into a feeling of powerlessness or losing oneself to 'the eating disorder' (D'abundo & Chally, 2004). Thus, it is important to identify ways of reclaiming control over one's life, such as by integrating (new) coping strategies into one's everyday life (Matoff & Matoff, 2001). The desire for a

future and a life beyond an eating disorder and the recognition of its physical, mental, and social costs have been reported as important motivations for engagement in recovery processes (D'abundo & Chally, 2004; Pettersen & Rosenvinge, 2002). Moreover, engagement in caring and supportive relationships, the experience of positive life events, and acceptance of oneself and one's body are critical in this process (D'abundo & Chally, 2004; Matusek & Knudson, 2009; Pettersen & Rosenvinge, 2002).

2.4.3 The relationship with one's own body in eating disorder recovery

Recent research indicates growing attention towards integrating a focus on the body in recovery processes for persons experiencing eating disorders (Albertsen, Natvik, & Råheim, 2019). However, most studies have concerned a disturbed body image or body dissatisfaction, including identifying approaches to repairing a negative body image (Lewer, Bauer, Hartmann, & Vocks, 2017; Sands, 2016; Tylka & Piran, 2019). Complicating such attempts, the relationship with one's own body is multifaceted, diverse, and much more complex than what is reducible to individual concepts (Cook-Cottone, 2016). Correspondingly, the concept of 'body image' has been criticised for suggesting an objective self-evaluation, thus being too focused on representation rather than the experience of one's body (Sands, 2016). While several studies report that spending time with nature holds potential benefits for the development and maintenance of a positive body image (Hennigan, 2010; Mitten & D'amore, 2018), both research and practice need to adopt a more holistic approach towards the relationship with one's body, as well as a focus on embodied relationships with the rest of the world (Cook-Cottone, 2016; Sands, 2016).

Eating disorders have been characterised by an inherent ambivalence towards the relationship with one's body. Even as persons work hard to avoid experiencing their bodies, feelings, and thoughts, the eating disorder actually keeps them in a close and sometimes all-consuming engagement with their bodies (Cook-Cottone, 2016). Hence, it is essential in eating disorder recovery that the persons involved learn to live with and be in their bodies in a healthy way (Cook-Cottone, 2016) while seeking to find purpose and

meaning in areas of life outside the eating disorder (D'abundo & Chally, 2004; Matusek & Knudson, 2009). Although studies have proposed that future research focus on engagement with recreational activities as vital for mental health recovery in general (Davidson, Shahar, Lawless, Sells, & Tondora, 2006; Deegan, 2005), there is limited research specifically detailing individual experiences with nature and friluftsliv as everyday occupations in recovery processes for persons with eating disorders.

3 Aims and research questions

3.1 Overall aim of the thesis

The overall aim for this thesis is to explore and discuss persons with eating disorders' experiences with nature and friluftsliv as part of everyday life recovery.

3.2 Research questions for the sub-studies

In addition to the overall thesis aim, each of the three sub-studies included examines research question(s) specific to their particular objectives. The research questions formulated for each of the three sub-studies contribute to an exploration of the overall aim.

Sub-study 1

The objectives of the first study are 1) to identify the current knowledge base of friluftsliv as part of a person's eating disorder recovery processes and 2) to explore how friluftsliv contributes to changes in factors related to a person's eating disorder recovery processes.

Sub-study 2

The objective of the second study is to explore embodying experiences with nature related to recovery in everyday life for persons experiencing eating disorders.

Sub-study 3

The objective of the third study is to explore subjective experiences of how friluftsliv can support processes of recovery for persons living with eating disorders.

4 Philosophical, scientific, and methodological considerations

'It is not that the writing is not by me, but it is not about me, though in one sense all writing is autobiographical'. (Smith, paraphrased by Moules, 2002, p. 12)

In this chapter, I explore philosophical, scientific, and methodological considerations related to the project. The first section is devoted to ontology and epistemology, followed by a section exploring the hermeneutic phenomenological approach to methodology. At the end of this section, I focus specifically on phenomenological perspectives on the body. This is followed by a brief note on how subjective experiences constitute important ontological and epistemological assumptions in the project; I then address the epistemological and methodological underpinnings of user-involvement and co-creation of knowledge. The chapter ends with reflexive considerations on the development of both the research and the researcher.

During the research process, I have found it important to acknowledge that everyone brings a set of assumptions and beliefs based on previous experiences that influence their interpretations, whether they are explicitly aware of it or not. As such, there appear to be close connections between ontological (perspectives on reality), epistemological (perspectives on how one develops knowledge about the world), axiological (the values stance of the researcher), and methodological (philosophical and scientific grounding that informs the methods and procedures applied in the study) considerations (Creswell & Poth, 2018). Moreover, our body of knowledge also includes previous theoretical experiences; the choice of theoretical perspectives in a study has a close and reciprocal relationship with one's epistemological understandings (Collins & Stockton, 2018). Conducting a research project may be likened to a journey; it consists of several meetings with persons, contexts and environments, literature, and ideas and ideals. Hence, the research presented in this project is the result of meetings with the participants in the study and is also influenced by discussions with the competence group, supervisors,

colleagues, and fellow PhD students. It also includes the contexts in which each of us is embedded.

4.1 Ontological and epistemological considerations

Ontological assumptions about reality have typically been categorised as either realist or idealist (Crotty, 1998). While the realist approach considers reality to be objective and existing independent of anyone's awareness of it, idealism understands reality as confined to what is constructed in the mind (Crotty, 1998). Ontological and epistemological issues tend to be mixed together, with realism mistaken for objectivism or the construction of reality confused with the construction of a *meaningful* reality (Crotty, 1998). Recognising that ontology and epistemology may be closely intertwined, I have found it helpful to distinguish between the materiality of nature-as-reality and the construction of our *experiences* with nature.

Arguably, nature exists independently of whether human beings exist to have an opinion about it or not (Crotty, 1998). An ecological perspective may suggest that the various elements in nature have their own immanent purpose in the ecosystem, regardless of the sociocultural meaning imposed by humans. However, recognising that material existence is independent of human consciousness does not necessarily imply that there is an objective truth or meaning to be found in a social inquiry of how humans may experience this. This is where I believe we move to epistemological assumptions. In this project, I recognise that the multiple ways of experiencing reality imply that how one person experiences nature may differ from how another interprets and perceives it. However, I also consider our perceptions and knowledge about nature to be socially, culturally, and materially informed. Therefore, it has been important in this project to allow for exploration and discussion of what is shared in the experiences with nature and *friluftsliv*, but to also allow space for variations.

In accordance with our ontological and epistemological considerations, we as humans must make methodological choices regarding which voice(s) speaks the loudest to us and

best fits with our beliefs, values, and practices (Moules, 2002) – our axiological position. However, the more pragmatic task of developing research questions and design can both shape and be shaped by methodology (Carter & Little, 2016). In this task, I not only stand on the shoulders of giants but am also influenced by how more contemporary philosophers, scientists, and researchers have interpreted their work. In the following pages, I elaborate upon the relevant methodological perspectives that have influenced and inspired the choices made during the research process. While researchers should aspire to demonstrate internal consistency between epistemology, methodology, and methods, the overall purpose of the project is privileged over loyalty to a specific methodological position. The proper approach is more likely to be flexible than dogmatic (Carter & Little, 2016).

4.2 A hermeneutic phenomenological approach to methodology

My aim for in-depth understanding and new insights into persons' experiences with nature and friluftsliv led me to phenomenology (Natvik & Moltu, 2016). Originating from the Greek words *phainomenon* (that which appears) and *logos* (word or study), phenomenology aspires to 'let show itself' what we often experience pre-reflectively (Jacobsen, Tanggaard, & Brinkmann, 2015; van Manen, 2014, p. 27). Pre-reflective in this regard relates to ordinary, 'trivial' everyday experiences; hence, it is the subjective lifeworld as lived and experienced that composes the key area of research (van Manen, 2014). My primary purpose here is to describe how phenomenology and hermeneutics have informed this research project, rather than define 'hermeneutic phenomenology'. However, it is necessary to explore key terms that have influenced research in this field.

Phenomenology as a philosophical and methodological approach is considered to have been established by Edmund Husserl around year 1900; it has been continuously developed and modified over the years (Zahavi, 2003). A phenomenological approach to research helps demonstrate how both subjective lived experience and science are rooted in the same world (Abram, 1997; Natvik & Moltu, 2016). Phenomenology refers to a

critique of transferring scientific objectifications and methods from natural sciences to human concerns; it also pushes against the Cartesian dualism of reality as separated from the person experiencing it (Laverty, 2003; Zahavi, 2018). Suspending the acceptance of this 'natural attitude' is referred to as *'epoché'*, a comprehensive and existential-philosophical kind of 'bracketing' (Zahavi, 2018). 'Bracketing' is often referred to as a process of 'reduction': setting aside established concepts and understandings and disposing of what is 'taken for granted' to explore the 'essence' of a phenomenon (Dolezal, 2015; Laverty, 2003; Lindseth & Norberg, 2004). Different understandings of whether it is actually possible to see the phenomenon in question objectively through bracketing have influenced what became the hermeneutic or interpretative turn in phenomenology (Laverty, 2003; Moules, 2002).

The concept of knowledge as co-created, contingent, and interpreted – which I apply in this project – generates an interest in hermeneutic phenomenology (Moules, 2002). 'Hermeneutics' refers to the science of interpretation, especially for texts (Binder, Holgersen, & Moltu, 2012; Moules, 2002). In this thesis, 'texts' are widely understood as encompassing personal interactions between a researcher and participants, as well as my encounters with transcribed texts and observational-reflexive notes (Binder et al., 2012). Rather than understanding the 'essence' of a phenomenon as fixed and given (Moules, 2002), I draw on an understanding of essences as something commonly shared, familiar, recognisable, and expressed through ways of living and reflecting (Lindseth & Norberg, 2004).

The hermeneutic turn is frequently traced to the work of Martin Heidegger and Hans Georg Gadamer (Laverty, 2003). Heidegger emphasises a contextualisation of lived experiences in which meaning is developed through interaction and interpretation (Binder et al., 2012; Laverty, 2003). Several of the concepts Heidegger introduces are further developed by Gadamer, such as the influence of prejudices (termed 'fore structures' by Heidegger), the interpretative process as described in the hermeneutic circle, and the dialogical perspective inherent in the understanding of interpretation as a

‘fusion of horizons’ (Binder et al., 2012, p. 105; Moules, 2002, p. 9). According to Gadamer (1989, p. 302), these horizons represent different ways of knowing and perceiving a phenomenon: ‘[t]he horizon is the range of vision that includes everything that can be seen from a particular vantage point’.

The concept of horizons suggests that our historical context, background, prejudices, and presuppositions filter and influence our interpretations (Moules, 2002). To acquire a horizon is to look beyond inherent prejudices to allow for a fusion of horizons as we continually develop our standpoints in intersubjective encounters (Gadamer, 1989, pp. 300-307). In this project, I have aspired to being open to changing my understandings and interpretations according to the participants’ descriptions. This has also implied a recognition of how both descriptive and interpretive elements are interrelated in the research process (Finlay, 2009). The hermeneutic phenomenological approach that I attempt to deploy has involved finding a balance between staying close and describing the participants’ experiences in an accurate manner. At the same time I seek to interpret these experiences and their contexts while being self-reflexive towards how my position and assumptions may influence my interpretations (Binder et al., 2012).

While they differ on how to best acquire a ‘phenomenological attitude’ of openness and wonder (Finlay, 2013, pp. 3-5), the various approaches to phenomenology generally concur that research is subjective and reality is always examined from some point of view (Zahavi, 2018). The concept of intentionality suggests that we necessarily experience something as something (Moules, 2002). Thus, individuals are embedded in a dialectic relationship between themselves and the world: a person is directed towards the world while the world is directed towards the person (Jacobsen et al., 2015). Moreover, the emphasis on the embodied character of intentionality – our relation to the world always originates in our body (Merleau-Ponty, 1962, 1994) – has provided valuable perspectives for exploring persons’ experiences with nature and friluftsliv.

4.2.1 A phenomenology of the body

Traditionally, the body has been a subject of research in the natural sciences. Nevertheless, in recent decades, increasing importance has been attached to recognising embodiment as an essential topic in both social and humanistic studies (Crossley, 2001; Shusterman, 2012). The body–mind dichotomy posited by Descartes is frequently referenced to explain this split between the sciences (Crossley, 2001; Shusterman, 2012). Moreover, the phenomenological turn towards the body is typically understood as a rejection of Cartesian dualism (Dolezal, 2015). In this regard, both Husserl and Merleau-Ponty have declared that the body and mind are inseparable and co-constitutive and that being a body in the world is also a tangled affair (Dolezal, 2015). Merleau-Ponty (1962, p. 206) is probably most well-known for asserting that the body is something we possess, as well as ‘the fact that we are our body’. Because the body inhabits time and space, it is the primary source for a pre-reflective understanding of the world (Merleau-Ponty, 1962, 1994).

Viewing the body as the starting point for being in and engaging with the world carries several epistemological implications. If we are our body, then all knowledge we have is acquired through it (Shusterman, 2012). Therefore, our understandings and assumptions – based on our history, experiences, society and culture, the region and time in which we have grown up and lived – are incorporated into our bodies. The body carries both personal existence and bodily co-existence (Merleau-Ponty, 1962, 1994). Similarly, embodiment could be understood as conceptualising ‘the body as a psychological, cultural and historical phenomenon as well as a biological and material one’ (Duesund, 2007, p. 80). The embodied approach employed in this project informs how we are to understand and reflect upon experiences with nature and friluftsliv. It implies that, although these experiences could be understood as genuinely subjective meetings between persons and nature, they are equally informed by what we bring with us to such an interaction, socially and culturally.

4.3 Subjective experiences as ontological and epistemological assumptions

In line with the embodied and contextual emphasis in this thesis so far, the applied approaches to person-centredness and recovery may be viewed according to the critique of the biomedical model as perpetuating Cartesian dualism (Rocca & Anjum, 2020). According to Rocca and Anjum (2020), this critique particularly relates to the focus on symptoms and the reductionist orientation towards understanding a person's body as the sum of its parts, as well as failing to recognise the person as situated in context. As such, a critique of the biomedical model is that it objectifies a person instead of recognising individuals as active agents in their own recovery (Rocca & Anjum, 2020). Although recognised as important principles in health care, both recovery and person-centredness are often met with barriers rooted in a prevailing biomedical paradigm over more humanistic and socially-oriented approaches (Borg & Karlsson, 2016). To challenge this, we must examine how research within mental health recovery is informed philosophically, ontologically, and epistemologically (Rocca & Anjum, 2020).

Most research on mental health recovery, including eating disorders, has a philosophical bias towards objectivism and positivism (de Vos et al., 2017; Rocca & Anjum, 2020). However, an alternative philosophical approach emphasises how the various dispositions (abilities or capacities) that a subject holds constitute a complex and unique situation (Anjum, 2020). In this, the ontological premises account for causal singularity or uniqueness, where causality is understood as intrinsic and as happening in particular cases, rather than as a pattern of regularity across different contexts (Anjum, 2020). In this project, this understanding implies an epistemological recognition of how each person holds valuable knowledge of their own situation (Anjum, 2020). Thus, to explore experiences with nature and friluftsliv according to a first-person perspective, we must pay attention to a person's narrative, including a focus on context, interactions, and lived experience (Rocca & Anjum, 2020).

4.4 User involvement and the co-creation of knowledge

This project is based on the epistemological underpinning that meaning occurs and knowledge is developed in shared, embodied, and intersubjective contexts in which the participant, the researcher, and the research project as a whole, including its environmental context, take part (Binder et al., 2012; Finlay, 2011; Lavery, 2003). The research context also applies to the involvement of a competence group for knowledge development. The competence group consisted of six persons who had experiences with eating disorders and/or mental health challenges and were interested in nature and friluftsliv, in addition to two of my supervisors and myself. Also referred to as an advisory group (Jennings, Slade, Bates, Munday, & Toney, 2018), the term 'competence group' conveys that this research group included persons with relevant but heterogeneous competence (Gullslett, Stubben, & Lofthus, 2018). The practical cooperation with the competence group is discussed more thoroughly in chapter five, while this section is devoted to explaining the rationale for user involvement in this research project.

I involved the competence group to enhance both the quality and relevance of the research by including the direct knowledge of persons who have experience with the issues under study (Beresford, 2013; Moltu et al., 2012). One objective of such user involvement is to create proximity between scientific research and lived experiences in everyday life (Borg & Askheim, 2010). Originating in a critique (by the disabled people's movement) of research production as biased (Beresford, 2013), empowerment and democratic values are typically discussed together with participatory research approaches. The demand 'nothing about us without us', promoted by service-users within recovery movements, has continued the push for persons involved with and listened to in matters concerning themselves (Moltu et al., 2012).

A participatory approach to research can be pursued in several ways. In *user-led studies*, the research process is run and controlled by service-users, whereas control and responsibility are shared in *collaborative projects* (Rose, 2003). Service-users with lived experience in the focus area are often invited as co-researchers for data generation and

analysis (Moltu et al., 2012). The term *user involvement* is frequently used when stakeholders take on a more advisory role, often in designated stages of the research (Rose, 2003). In this project, formation of the competence group appeared closest to the latter.

Part of the rationale for a participatory approach to research stems from the idea that user knowledge and scientific knowledge complement each other in beneficial ways (Borg & Askheim, 2010; Moltu et al., 2012). This argument deserves discussion for several reasons. First, it allows for questions regarding what counts as (scientific) knowledge (Borg & Askheim, 2010) and whether – by using this layout – we risk perpetuating a hierarchy of knowledge (Tøssebro & Wendelborg, 2014). Inherent in this is the concept of researchers as representing an objective, scientific position while service-users are biased due to their proximity to the field. Second, in line with the hermeneutic phenomenological approach that I take, subjectivity is perhaps inescapable in the research process; academic researchers are not necessarily value-neutral (Veseth, Binder, Borg, & Davidson, 2017). Rather, facilitating multiple perspectives in research through user involvement may enhance trustworthiness by promoting reflexivity and reminding researcher(s) to remain open and aware (Veseth et al., 2017).

Seeing myself as a researcher in process together with the project, I viewed the participatory approach as contributing to reflections upon an epistemological understanding of knowledge as co-created, temporary, and situated, rather than as something objectively true ‘out there’ waiting to be found (Grant, 2014). As discussed in the next chapter, the participatory approach also influenced perspectives on the participants’ roles in the project and the researcher–participant relationship. An understanding of generating knowledge *with* (rather than about) the participants related to their experiences helped me see participatory research as a stance, rather than merely a choice of method. In this sense, epistemology is always axiological, encompassing value judgements on what constitutes trustworthy knowledge (Carter & Little, 2016).

4.5 Reflexivity in research and the reflexive researcher

It is generally considered that conducting qualitative research today encompasses a self-critical reflexive attitude towards how the researcher's own experiences, background, and assumptions may influence the study (Creswell & Poth, 2018; Laverly, 2003). Reflexivity is based on the understanding that researchers cannot be impartial, unbiased, or objective (Finlay, 2011). Rather than seeing this as a limitation, acknowledging one's own subjectivity is regarded as a prerequisite for understanding the subjective lived experiences of others (Veseth et al., 2017). The value of a reflexive approach to research consists of maintaining self-awareness throughout the research process (Pillow, 2003). Thus, a key aspect of being reflexive is providing insight into how knowledge is produced by critically exploring our interpretations of our experiences while remaining attentive to the interpretations of the phenomenon under study (Finlay, 2002; Pillow, 2003). In this regard, reflexivity is 'a tool to understand better' (Finlay, 2012, p. 318) that also improves transparency in the research process (Binder et al., 2012).

4.5.1 Self-critical reflexivity as a methodological approach

One frequently asked question relates to whether accounts of self-reflexivity are actually necessary and improve the reader's understanding of the research or simply become a kind of confession by the researcher (Pillow, 2003). 'Prominent in much qualitative research is the idea that the researcher, through reflexivity, can transcend her own subjectivity and own cultural context in a way that releases her/him from the weight of (mis)representations' (Pillow, 2003, p. 186). I believe two notions are important in this regard. The first is that the acceptance of reflexivity is also a recognition that a full self-disclosure is not possible. In addition, reflexivity highlights an awareness that 'truth' may consist of multiple answers and that there will always be experiences and concepts ahead of the horizon that we do not know (Pillow, 2003). At the same time, self-critical reflexivity is an important methodological tool that requires researchers to be vigilant towards their own contextualisation (Pillow, 2003). In this regard, reflexivity may be considered a self-conscious approach to how ontological, epistemological,

methodological, and axiological perspectives work together and inform the development of both a research project and the researcher, including their mutual influence.

Growing up in a middle-class Scandinavian family in a medium-sized town surrounded by the forest, where friluftsliv was an integral part of my upbringing at home and school, has definitely shaped my relationship with nature and various outdoor activities. Later encounters with theories, practices, and persons during my outdoor studies, as well working as an outdoor leader/outdoor education teacher, has informed my perspectives towards my own 'friluftsliv story' and how I should critically explore ways of understanding experiences with nature and friluftsliv. In addition, having experienced being close to someone living and dealing with an eating disorder, including clinical approaches to eating disorder recovery, has certainly influenced my perspective on this topic. Embarking on this PhD project also shows that I was introduced to a research community that focuses on recovery, person-centredness, and participatory approaches. Hence, the development of this PhD project has coincided with my journey as a researcher attempting to find a sound and balanced, critical but also enthusiastic approach within a new research area.

Following this, I must make one reflexive comment on own position within 'the friluftsliv field'. Initially, I attempted to adopt a critical attitude towards my own presupposition that access to nearby nature promotes good health. While this is difficult to argue against due to the substantial research demonstrating the health benefits of nature interaction (Schweitzer et al., 2018), I spent substantial effort debating whether friluftsliv should *always* be considered supportive for eating disorder recovery. I then realised that I may be asking the wrong question. The goal of this project is not to examine or evaluate whether friluftsliv has positive or negative effects in eating disorder recovery. The aim is to explore the participants' experiences; prominent in their stories was the emphasis on finding ways to live with the challenges they had, rather than wait until they were doing friluftsliv for the 'right reason'.

Now, I believe that the critical attitude towards the field one is most familiar with can be understood in relation to still being influenced somehow by the scientific ideal of being 'objective'. Moreover, as emphasised by the competence group, my questioning of whether I should discuss friluftsliv as simply a way to escape one's problems rather than deal with them may stem from clinical perspectives regarding what actually dealing with one's challenges implies; these perspectives still hold major influence. In this matter, the competence group reminded me to remain close to the participants' stories when exploring subjective experiences and emphasised that the positive things done for oneself in everyday life should also be regarded as ways of managing difficulties in life.

4.5.2 Being reflexive in practice

I have attempted several approaches to work reflexively with my interpretations of the participants' expressions of their experiences with nature and friluftsliv. One aspect of these reflexive attempts is a strategic approach to reflexivity involving methodological self-consciousness through the use of field notes and keeping a PhD log (Finlay, 2012). The PhD log includes summaries from competence group meetings, supervision sessions, and feedback from presentations of the project. This helped me keep track of and revisit my reflections regarding choices, dilemmas, and questions in all phases of the research project.

Before I began the research project, I attempted to clarify my own views, experiences, values, judgements, and personal goals regarding potentially relevant topics. The process of trying to empty myself and my presuppositions in what I had understood as a necessary 'bracketing' seemed like an impossible task. It was, therefore, a relief when I realised I did not believe in doing this; instead, I began to consider how I could use this as a strength in the research. One way to challenge my own perspectives was to be attentive to situations in which I was surprised, uncomfortable, or particularly eager; this is termed 'embodied reflexivity' by Finlay (2012, pp. 322-324). By reiterating the epistemological assumption of knowledge as co-created, the reflexive exercises not only stimulated self-criticism towards how my own situatedness informs my interpretations, but also helped

me see that my own understandings were constantly moved, challenged, and developed by the views expressed by the study participants.

Starting from the systematic review, one of my goals (see 3.2) has been to explore how friluftsliv may contribute to change in the factors related to a person's eating disorder recovery processes. As it turns out, the majority of the studies identified in the review were based on participation in outdoor and outdoor therapy programmes, and largely referred to clinical understandings of eating disorder-related symptoms in both recovery and prevention. Consequently, the language used in the included studies – and therefore, the findings and conclusions given in the review – may reflect a more medical understanding of eating disorders. The emphasis on first-person accounts and subjective experiences in studies two and three demonstrate that my style of writing and my approach to the topic have developed alongside the research project.

Reflexivity towards one's actions and roles in research has been emphasised as a core feature of an ethical, mindful approach (Guillemin & Heggen, 2009). There appears to be a close connection between a self-critical reflexive attitude, an ethical sensitivity, and assessments of the validity of the research. While this section primarily concerns self-critical reflexive comments, the relational reflexive perspectives (Finlay, 2012) are connected to ethical considerations of the researcher–participant relationship in chapter five. Methodological considerations will be discussed near the end of chapter seven. Together, these reiterate that reflexivity is a continuing process throughout a research project (Pillow, 2003).

5 Methods and procedures

In this chapter, I present an overview of the methods and procedures applied in the project. This comprises reflections on the choices I have made in the process, including a focus on ethical considerations.

5.1 Sub-study 1: Systematic literature review

To explore the research questions of the first study, my supervisors and I developed a systematic literature review based on PRISMA guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009). The review presents and discusses empirical studies on how friluftsliv can form part of recovery processes for persons with eating disorders. Because we found limited existing research in this field, our findings constitute an important base of knowledge and background for the further development of the qualitative studies. Thirteen studies were identified as eligible in the review process. The review protocol was registered in PROSPERO with registration number CRD42017067589.

An updated literature search was conducted in September 2020 in the electronic databases PsycINFO, SPORTDiscus, Web of Science, SweMed+, Google Scholar, and Oria. The year of publication was limited to January 2017 to September 2020. The same search terms from the systematic literature review were applied, along with 'health promotion', 'wellbeing', and 'mental health'. All titles were screened, and relevant abstracts and articles were considered. Only one new study was found to directly address eating disorders and friluftsliv (Corazon et al., 2018).

5.2 Sub-studies 2 and 3: Qualitative research method

In pursuit of the overall aim to explore and discuss persons with eating disorders' experiences with nature and friluftsliv as part of everyday life recovery, I selected a qualitative research approach for studies two and three, using designated research questions (see 3.2). Qualitative research is used to investigate the varieties of the human experience and to develop an understanding of the meaning of the world from a

subjective point of view (Fossey, Harvey, McDermott, & Davidson, 2002; Kvale, 2006). To achieve this, qualitative research involves the systematic and rigorous generation, organisation, and development of data material, most commonly involving interviews, focus groups, and observations. Qualitative research is frequently applied to promote stories from marginalised individuals or groups (Creswell & Poth, 2018), particularly in areas with limited research where complex and detailed understandings are needed (Creswell & Poth, 2018; Fossey et al., 2002). Moreover, the importance of the context and setting in which the participants address an issue (in this project, nature) calls for a qualitative approach (Creswell & Poth, 2018). In the following sections, I describe the considerations and choices that are relevant for developing, performing, and evaluating the qualitative studies (sub-studies 2 and 3) in this research project.

5.2.1 The competence group

The initial ideas for this research project were developed after my involvement in a book project focusing on physical activity in treatment and recovery for persons with eating disorders (Bratland-Sanda, 2012). This was hosted by a Norwegian NGO on eating disorders, Rådgivning om Spiseforstyrrelser (ROS). Continuing the collaboration, I discussed project drafts and general reflections on user involvement, inclusion criteria, and recruitment strategies for both the competence group and study participants with representatives from ROS.

In addition to the collaboration with ROS, and as detailed in chapter four, this project has also included a competence group. The competence group was heterogenous in terms of age, background, and experiences with eating disorders, mental health, and friluftsliv. Four women and two men participated throughout the project. However, because some participants moved to other parts of the country or had changes in their family or work situations, the meetings typically consisted of three or four participants, in addition to one or two of my supervisors and myself. All participants had completed some degree of higher education; two had completed the University of South-Eastern Norway's 15 ECTS

postgraduate course in user-involved collaborative research in mental health. Their experience with academic research was varied.

The competence group met five times during the project, with each meeting lasting about three hours. The fifth and final meeting was attempted right before Norway shut down due to Covid-19 but none of the participants could attend at that time. Instead, I initiated a digital meeting some months later. The meetings were recorded, with a short summary written after each meeting and emailed to the participants. All of the participants signed a contract of confidentiality. All were offered reimbursement for their travel expenses. Working with the competence group included a process of moving back and forth between thinking and discussing together and then bringing the reflections with me in the continued work until our next meeting. In addition to providing general suggestions and advice based on their experiences and perspectives, the more specific contributions from the competence group are detailed in Figure 1.

Clarifying expectations from all group members and creating a shared understanding of the role of the competence group within the project was an important exercise carried out at the first meeting. Moreover, defining responsibility is crucial to establishing good communication and trust and preventing tokenism (e.g. symbolic involvement) (Glover, 2009). I had the responsibility of preparing the competence group meetings, although the group members were welcome to suggest topics. Moreover, I had the overall responsibility for continued progress in the project, and – although I also had the final word on most occasions – it was equally my duty to ensure that the group's contributions had an actual influence on the research process. One example from working together on the analysis illustrates this. In our fourth meeting, the competence group was introduced to the method of interpretative phenomenological analysis (IPA) and presented with emergent themes from two of the participants. Based on group work and shared reflections on interpretations of the themes, I re-grouped some of the themes after the meeting. Moreover, several of the topics directly highlighted by the competence group based on their interpretation of the data material were included in the articles.

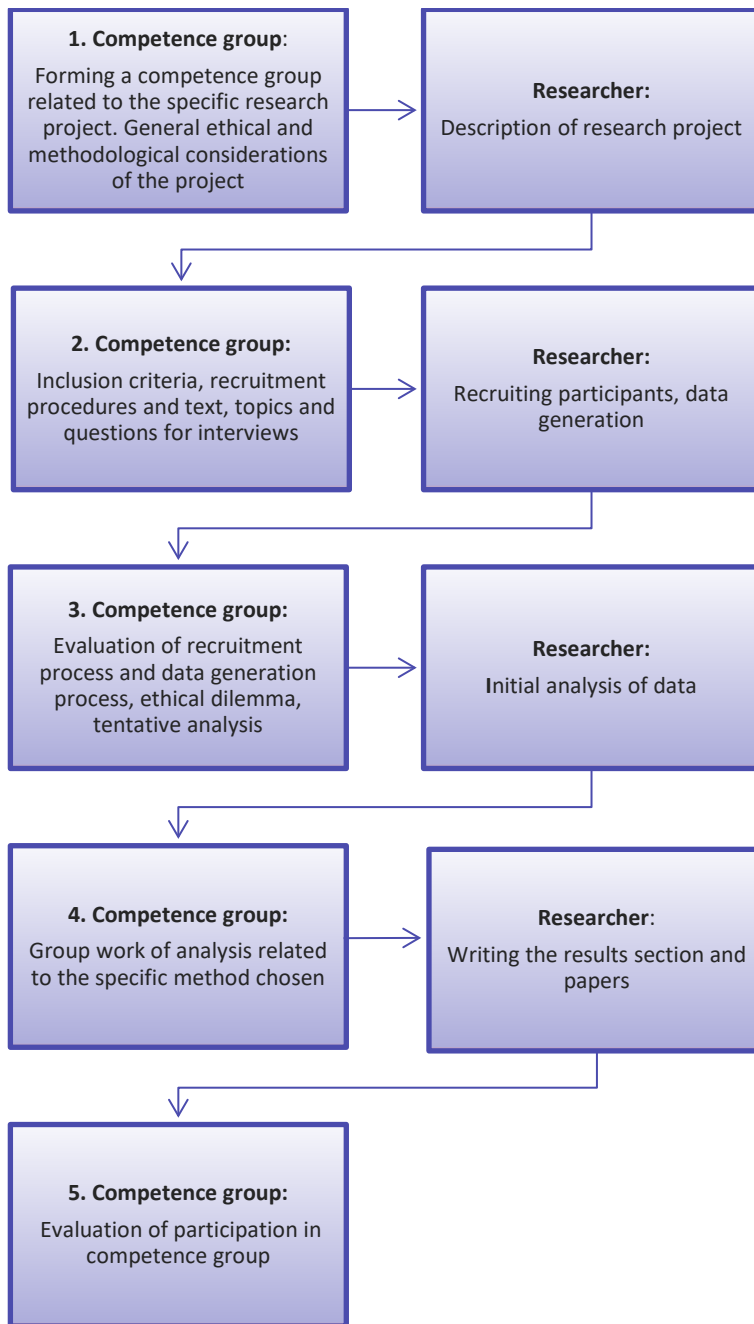


Figure 1: Workflow of the competence group

Examples of these topics are the focus on embodied relationships with nature and with the eating disorder, the inward versus outward perspective, and reflections on being good enough and not judged while spending time with nature.

5.2.2 Recruitment procedures

Participants in the research project were recruited during the summer of 2017, primarily through posts on the ROS website (n=5). In addition, flyers (Appendix I) were posted at several universities in Eastern Norway (n=2), including at student health services locations (n=1), and emailed to specialist health services providing treatment for eating disorders in Norway. Persons who identified themselves within the inclusion criteria contacted me, mainly by email. Having established rapport, details around a place and time to meet were established.

5.2.2.1 *Inclusion and exclusion criteria*

The inclusion and exclusion criteria applied were developed in accordance with the study aim and as a strategy to advocate transparency in the recruitment procedures (Malterud, 2011). The following inclusion criteria were defined:

- Interested in nature and friluftsliv
- Self-reported experiences with BN and/or BED
- Above 18 years of age
- Both men and women

Participants were excluded if they were residing in institutions or facing serious somatic health challenges.

5.2.3 Participants

Eight persons – seven women and one man – participated in the project. They were between 19 and 41 years of age at the time of our meetings. The participants came from Scandinavian countries and across Norway, although all of them were currently residing in the southern part of the country. All participants were students or were working part- or full-time. They were enrolled in or had previously completed higher education. Their experiences with eating disorders covered a range of 2–25 years. Aligned with the focus upon subjective experiences with recovery and eating disorders (Dark & Carter, 2019;

Matusek & Knudson, 2009), I relied upon participants' self-reported experiences with eating disorders. Two of the participants said they received help from professionals, while six said they found support in their social network. The participants also showed great variety in their experiences with friluftsliv and nature. Some expressed that they were born and raised with friluftsliv, while others said that they were not from a typical 'friluftsliv family'. All participants were given pseudonyms in the papers.

The hermeneutic phenomenological influence on the study, as well as the choice of IPA as a method of analysis, suggested an initial estimate of eight to ten participants. However, the number of participants included in the study was continually assessed based on 'information power' throughout the data generation and analytical processes (Malterud, Siersma, & Guassora, 2016). My supervisors and I considered the aim to be more narrow than broad, the sample specificity to be more dense than sparse, and the communication between the researcher and participants to be clear. However, the established theory in the field of eating disorders and experiences with nature is limited, and the analysis strategy applied is cross-case (Malterud et al., 2016).

A tentative evaluation of the quality of the data material was performed after meeting with two of the participants, and again after having met all eight. At that point, the quality of the data material was determined to be sufficiently rich and recruitment ended. Several months later, another person approached me and volunteered to participate. I suggested that the person participate in the competence group instead, which she accepted, although she never attended. However, the situation caused me to reflect upon the lack of ethical discussions regarding turning away persons who offer to share their stories within the process of considering when to stop recruiting participants into a study.

5.2.4 Data generation: Conducting interviews in nature

The data generation consisted of two individual meetings with each participant (I met with one participant only once due to a change in their health situation). The first meeting

was an unstructured walking interview in nature, termed 'going together'; the second was a semi-structured sit-down interview held approximately two weeks after the first meeting. Information about the intention and procedure of the study was emailed to the participants and also provided when we met (Appendix II). Informed and written consent was obtained prior the first meeting and re-confirmed before the next meeting. The participant and I each wore small lapel-secured microphones to record the interviews; we were the only persons present at both interviews. At the second meeting, the participants were asked to complete a short demographic questionnaire as background information (Appendix III).

Although much of the data material is based on verbal communication, reflections around observations in the field were also important for exploring the interaction between person and nature. Before I met the participants, the competence group suggested that I maintain a focus on the rhythm in our walks, such as where we stopped, what we focused on in nature, the tempo, change of pace, and so on. Following their recommendations, I developed an observational-reflexive guide (Appendix IV) that I used before and after meeting the participants.

5.2.4.1 *'Going together' as a method*

In accordance with my focus on recovery in everyday life, I met the participants in an everyday setting. Having established contact, I asked the participants to decide on a place to meet in nature. The meeting was not specified as either sedentary or related to a specific type of friluftsliv. However, all the participants invited me on a walk in their nearby nature. The walks lasted between 60 and 90 minutes. Four took place in the forest, one in the mountains, one along a river, and two around a lake. The questions posed related primarily to their choice of this particular area for our meeting, how they experienced nature as we were walking, and general reflections in accordance with the project's focus on their experiences with nature and friluftsliv as related to their experiences with recovery and eating disorders.

There were several reasons for conducting the interviews in nature. First, the previously outlined understanding of knowledge as contextual prompted an assumption that nature would contribute examples and provide for associations that could help illuminate these experiences. Second – following the recognition that we as bodies are situated in an ongoing dialogue with the world as interacting subjects (Duesund, 2007) – conducting the interviews in nature allowed for observing the participants' embodied and sensory interaction with nature in addition to their verbal communication. Hence, going together with the participants in nature maintained the intention of using the immediate experiences of being in nature as a starting point for more general reflections about experiences with nature and friluftsliv. 'Lived experiences' in this regard are understood as transpiring 'here and now'; we try to grasp this by a description of our immediate experiences, even as it relates to the whole content of lived experiences (Gadamer, 1989, pp. 60-61). The shared reflections in the interviews alternated between focusing on friluftsliv as a sociocultural phenomenon and practice, and the embodied, material, and situated meeting between person and nature.

Developing 'the going together' method for data generation has been an important part of the research process. In this work, I have been influenced by my experiences from anthropological fieldwork and inspired by previous Norwegian research on friluftsliv, in which interviews were conducted outdoors (Bischoff, 2012; Klepp, 1998; Skår, 2010). Internationally, the method chosen resembles go-along methods (Carpiano, 2009; Kusenbach, 2003) and 'walking interviews' (Evans & Jones, 2011). These methods are expedient for exploring persons' interactions with the environment in everyday life and for understanding lived experiences as contextualised (Carpiano, 2009; Evans & Jones, 2011; Kusenbach, 2003). However, in ethnographic-oriented 'go-alongs', the researcher appears to maintain a more distanced observational position, following their subjects on outings they would have performed anyway (Kusenbach, 2003). In this research project, my active involvement in planning the interviews and participating in the reflections and dialogue contributed to the adjustment of 'going together'.

5.2.4.2 *Semi-structured qualitative interviews*

To further explore a participant's experiences and perspectives from the first meeting, I conducted a sit-down, semi-structured, open-ended, qualitative interview (see Appendix V for a thematic guide to the interviews). The semi-structured interview is a well-known method for exploring everyday life from a first-person perspective (Kvale & Brinkmann, 2009). Originally, the idea was that both participant and researcher would write a log after the first meeting. This would represent a starting point for the next meeting and interview. However, none of the participants did this, and it did not seem appropriate to push the issue. Instead, the transcript, preliminary analysis, and my own observational-reflexive notes from the first meeting constituted the point of departure for the second meeting. The questions concentrated on the participants' experiences with nature in an everyday setting, how nature and friluftsliv were supportive or challenging regarding eating disorders and recovery, and the participants' stories of how they became interested in spending time with nature.

Due to the unstructured nature of going together, many of the topics designated in the semi-structured interview guide were addressed in the first meeting. Thus, after meeting with three participants, the necessity of the second meeting was discussed. My supervisors and I decided to keep it, due to the variation between the dialogue while going together and that in the sit-down interview. Moreover, meeting twice allowed for more in-depth explorations of their experiences with nature and friluftsliv as part of their recovery processes because I had the opportunity to pick up where we had left off last time and ask for elaborations where necessary. During our first meeting, several of the participants stated a preference for conducting the interviews in nature. With two exceptions, then, due to practical concerns, the sit-down interviews took place in the participants' nearby nature: one in a shelter in the forest, two on a bench along a fjord, one beside a river, and one in a park. The semi-structured interviews lasted approximately one hour.

5.2.5 Data analysis: Interpretative phenomenological analysis

Interpretative work in a research process may be understood as encompassing each phase: designing the project, recruiting participants, generating data, transcribing, performing systematic analysis, and writing it all up (Fossey et al., 2002). However, it is still necessary to apply a systematic approach to preparing, organising, coding, and representing data (Creswell & Poth, 2018). In this project, the material was explored with inspiration from the IPA approach (Smith, Larkin, & Flowers, 2009). IPA originated in psychology but is increasingly used in a variety of disciplines in human, health, and social sciences (Smith et al., 2009). Research has shown it to be well-suited to exploring complex human occupations, including wilderness experiences and leisure activities (Hinds, 2011; Wensley & Slade, 2012). The IPA method builds on a phenomenological *and* hermeneutic foundation, as it is concerned with describing and interpreting personal lived experiences, the meaning of these experiences, and how the person makes sense of it, while also conceptualising knowledge as situated and the engagement of the researcher in its interpretation (Smith, 2011).

Moreover, IPA emphasises the ideographic, and literature on IPA typically references the hermeneutic circle as a dynamic and iterative process in which one moves from the particular to the shared before returning to nuance (Smith et al., 2009). In researching subjective experiences with nature and friluftsliv as part of eating disorder recovery, I found IPA to be an analytical method that allows for emphasising both common themes and the complexity and contradictions found in subjective experiences with nature and friluftsliv in recovery processes. Hence, the ideographic emphasis of IPA on context and nuance fits well with the understanding of causal singularity, as highlighted in chapter four.

The audio recordings from the interviews were transcribed verbatim in the computer software program NVivo (Version 12, 2018). NVivo was also used in the following six steps of the analysis according to the IPA (Smith et al., 2009). The first phase included listening to the recordings and reading the transcripts several times. Having familiarised myself

with the material, the second phase consisted of preliminary notetaking according to how I understood what the participant discussed and related to experiences with nature and friluftsliv. I assigned different text colours in NVivo and included descriptive, linguistic (where appropriate), and interpretive comments. In the third phase, I focused on developing emergent themes (nodes, in NVivo) based on the preliminary notes. Here, I sought to retain as much as possible of the everyday language used by the participants to ensure proximity to the empirical material. In the fourth phase, I looked for connections across all themes and rearranged them into hierarchical groups (three nodes, in NVivo). In the fifth phase, I moved on to the next participant, repeating the process. The sixth phase was a cross-case analysis of all participants and themes (nodes). The themes developed for each participant were reorganised into themes and sub-themes, emphasising overall patterns, but exemplified and nuanced with individual experiences (Smith et al., 2009). I revisited the recordings and transcripts several times, especially in the sixth phase, to ensure that the final cross-case themes could be recognised verbatim in the transcripts (Arroll & Senior, 2008). I kept the direct quotes in Norwegian until the proofreading of the articles, and then translated them.

IPA should be understood as flexible guidelines rather than a prescriptive approach (Smith & Eatough, 2007; Smith et al., 2009). Moreover, IPA may be best understood as a qualitative method tool or technique for analysing and reflecting upon data material; this method may also resemble other phenomenological methods for approaching qualitative data (Finlay, 2009). However, recognising the mutual dependence of methodology and method, criticism of IPA typically appears at a methodological or scientific level and includes discussions of its assumed phenomenological and hermeneutic foundation (Chamberlain, 2011; Gyollai, 2019; van Manen, 2017; Zahavi, 2018). A complete discussion of the scientific and philosophical grounding of IPA is beyond the scope of this thesis. I will, however, relate how parts of the critique have influenced some of the reflections in this project.

One of the most compelling arguments relates to the understanding of ‘bracketing’ as posited by Smith et al. (2009) to include a suspension of researchers’ pre-conceptions, especially in the initial phases of the method (Gyollai, 2019). Similarly, the hermeneutic basis of IPA has been criticised, as IPA may seem to prioritise participants’ words rather than the role of the researcher’s pre-conceptions (Gyollai, 2019). Bearing this critique in mind, I sought to include in my initial interpretative comments (as part of stage two) not only interpretations of the participants’ communication but also reflections on my own frame of reference, adhering to the understanding that the hermeneutic circle actually begins with the researchers’ pre-conceptions (Gyollai, 2019). In the writing process, I integrated my observational and reflexive field notes from before and after the interviews, comments from the competence group, and my reflexive notes from the analysis process, while incorporating the interpretations (that resulted in the nodes in NVivo), thus emphasising the contextualisation of the dialogue between the researcher and data material.

Another challenge relevant to this project stems from the critique of the mainstream understanding and practice of IPA as neglecting ‘ethical analysis of bodily perceptions and interpersonal relationships’ and being prone to a cognitive bias (Murray & Holmes, 2013, p. 17). While perhaps most research applying the IPA method has concerned verbal communication, examples of IPA applied to observational data also exist (Larkin & Griffiths, 2009). In my efforts to emphasise embodied interaction with nature in the data, finding ways to integrate observations and reflections related to body language was an important task in the analytical work, particularly in study two. I also discussed this concern with the primary developers of IPA (Jonathan Smith, Michael Larkin, and Virginia Eatough). In the second paper, I decided to begin each of the sub-finding sections with an observational comment to emphasise embodied contextualisation as essential in the nature meetings.

5.2.6 Ethical considerations

This project has been assessed and approved by the Norwegian Centre for Research Data (Appendix VI) and the Regional Committees for Medical and Health Research Ethics (2017/519 C) (Appendix VII). However, ethical guidelines cannot account for the assessments researchers must make throughout the process (Tee & Lathlean, 2004). In addition to the ‘procedural ethics’ of seeking approval from relevant ethical committees, I strived to follow the ‘ethics of practice’ (Guillemin & Gillam, 2016, p. 263), which refers to the everyday issues and dilemmas researchers encounter in their work (Guillemin & Gillam, 2016). In the following section, I elaborate upon some of the ethical considerations and actions that were important in this project.

5.2.6.1 *Ethical perspectives on ‘going together’*

In addition to its assumed benefits for the quality of the interviews, meeting the participants in a nature site of their choice also entailed a moral concern. Previous research has elucidated the calming benefits of conversations in nature (Skår & Krogh, 2010). The participants in this study confirmed several times that it was more comfortable to conduct the interviews while walking or sitting outdoors, rather than being seated inside. Moreover, as stated by the competence group, having the participants specify where and when to meet allowed them to determine the involvement of nutrition and physical activity in the interviews.

There are, however, some notable ethical challenges related to ‘going together’. First, some of the participants felt it was demanding to be walking, meeting a new person (me), participating in an interview, *and* paying attention to nature at the same time. Initially, we had suggested approximately 60–90 minutes for the first meeting. The participants proposed an extended timeframe for this, which we followed up by updating the recruitment text and information provided to the participants to exclude a time limit. Others, however, expressed no difficulties related to this; as it turned out, most of the going together sessions ended after approximately 90 minutes anyway. A second point worth noting was that, although it was described before meeting, the two youngest

participants found it a bit challenging that the first meeting was designed more as a conversation without any structured interview guide.

5.2.6.2 *The researcher–participant relationship*

One of the most important tasks in the research process was optimising the interview settings for the participants. I aspired to create an open and acknowledging atmosphere where they would feel that all comments, thoughts, and experiences were welcome. On the one hand, this was a moral question; on the other hand, establishing a good relationship is arguably necessary for generating rich data (Guillemin & Heggen, 2009). However, there is a delicate balance between ‘searching’ for rich data and maintaining a sound distance (Guillemin & Heggen, 2009). Guillemin and Heggen (2009) endorse Løgstrup’s concept of ‘the zone of the untouchable’ as an example of how researchers must continually maintain a sensitivity towards changes in comfort and potentially vulnerable situations in a research–participant relationship.

Although the first meeting had a loose agenda, with the participants directing much of the conversation (Fossey et al., 2002), the overall purpose of the project was predetermined. At times, I was worried that all our reflecting upon nature would ‘ruin’ their experiences with nature. Nature, I learnt, was experienced as a free space: free of judgements and providing valuable breaks from the eating disorder. Being aware that it is hardly possible to conduct interviews free of power relations (Kvale, 2006), I discussed with the competence group whether my intrusion could alter the participants’ relationship with nature. The participants were also informed that ROS would be at their service if they needed someone to talk to after participating in the project.

Acknowledging the important principle of ‘protection from harm’ (Faulkner, 2004, p. 6), it has also been argued a need to recognise that most persons have their own agenda for participating in research (Corbin & Morse, 2003). One of my questions during our first meeting was why the interviewee had decided to participate in the study. I understood that most of the participants actually had a reason of their own. A common statement

was 'because nature is so important to me'. Moreover, they wanted their experiences to be helpful to others, they wanted to help us complete the study, and some stated that they benefited from this reflection on their experiences. Looking back on our meetings, I believe that this manifested in how the participants approached me as well. One had brought a woollen blanket for me in case I might get cold. Another had brought an extra down jacket for me; a third brought warm coffee in a thermos. One served me tea and blueberries. I often arrived by public transport but they came to pick me up and give me a ride downtown again after the walk. While I was clear that I, for instance, had the final word on the interpretation and presentation of their experiences (Kvale, 2006), the atmosphere helped me assume the position of a learner, rendering my knowledge open to change according to the participants descriptions (Rhodes & Carlsen, 2018).

In meeting with the participants, I aimed to be as open and transparent as possible regarding to the project. In this, I had to find a balance in terms of self-disclosure (Dickson-Swift, James, Kippen, & Liamputtong, 2007) by trying not to 'hide' anything from the participants if they asked but also keeping the focus on *their* experiences with nature and friluftsliv. Before starting, I thought a lot about how I could expect them to share their story if I was not sharing much. This concern about reciprocity seems to be quite common in performing qualitative research (Dickson-Swift et al., 2007). However, although they sometimes asked me questions as well, I generally found the participants to be quite comfortable discussing their own experiences and most concerned about how this could be of help to others. The participants also asked for the papers when published and sent me their reflections on the final work.

5.2.6.3 *Acknowledging lived experiences*

A typical criticism of qualitative interviews concerns a person's trustworthiness (Kvale, 1995), including the validity and correct remembrance of their experiences. During this project, I have come to learn that this might be a pre-judgement that arises particularly when exploring individuals' personal experiences with mental health challenges. On several occasions when presenting the research project, persons have approached me

asking how I can trust what a person with an eating disorder tells me. After being initially taken a bit off guard, I have realised that I probably should not be so surprised. This points directly to the debate on person-centredness and recovery regarding whether an explicit focus on *person* is needed or whether the term *human* can be equally sufficient (Entwistle & Watt, 2013). In recovery-oriented research, the emphasis on civil rights and citizenship (Davidson, Anthony, et al., 2006) clearly demonstrate that not all humans are necessarily treated as persons:

After years of mental health and social policy and action programmes aiming at citizenship, the basic humanness and “normality” of men and women experiencing mental health problems is still not truly acknowledged by the majority of society or the mental health services. (Borg, 2007, p. 44)

It is precisely the potentially harmful consequences of a polarised focus on dissimilarities between ‘us’ and ‘them’ that is criticised for ‘othering’ persons based on their health challenges (Grant, 2010).

Another ethical and epistemological reflection that follows relates to what Grant (2014) questions as the assumed authentic voices of the individual: the voices of both participants and researchers are situated in historical, contextual, and discursive (as well as material) circumstances (Grant, 2014). Thus, researchers should reflect upon the possible distinctions between life-story-lived versus life-story-told and then retold by the researcher (Clandinin & Connelly, 1994). As such, gaining insight into subjective experiences is a dynamic process in which the experiences described by the participants must be understood in all their ambivalence and ‘unfinalizability’ as part of ‘life as an ongoing project’ (Frank, 2005, pp. 966-967). Following the hermeneutic phenomenological approach as detailed in chapter four, this implies a recognition that a story could have been told differently. Moreover, it necessitates that we do not question ‘the realness’ of participants’ expressions. The findings are based on what they told us in the given situation, emphasizing that knowledge is not to be understood as a mirror of reality but as being developed through conversation and interaction (Kvale, 1995).

5.2.6.4 *Ethical considerations of user involvement*

The importance of user involvement and participatory research approaches within mental health is advocated amongst researchers, policymakers, and research funding organisations (Beresford, 2019). However, this emphasis has also generated a recognition of the risk that such approaches may result in tokenism (Glover, 2009; Rose, 2003). Consequently, several standards and frameworks for user involvement have been developed (Jennings et al., 2018). These frequently emphasise values and principles such as ensuring transparency for all involved in the research, respecting others' perspectives, and pursuing empowerment and commitment to change (Faulkner, 2004; Jennings et al., 2018). Following this, some reflections on how this research project relates to the often-assumed 'inherent democratic values' and political and ideological contribution of user involvement (Beresford, 2013) should be noted. While this project definitely seeks to improve people's lives, it does so primarily by generating knowledge more than through emancipatory research processes ensuring the involvement of service-users in decision making (Beresford, 2013). Moreover, while user involvement at all decision levels is an important principle, many studies are restricted based on time, finances, and the understanding that involvement often varies across parts of the research cycle (Jennings et al., 2018).

Although the potentially uneven power relations within participatory research approaches are often thematised (Glover, 2009), user involvement also embeds persons with their own agenda for participating (Moltu et al., 2012). In addition to hoping to contribute to extended and contextualised knowledge, the members of the competence group were particularly interested in safeguarding the participants' wellbeing during the interviews, helping me frame questions in an acknowledging and non-pathologic manner, and guiding me through potential ethical dilemmas. They helped ensure that I stayed close to the experiences of the participants and reminded me of the complexity and nuance inherent in interpreting data on everyday situations.

As part of the collaborative process with ROS, I also wrote an article in Norwegian for ROS's journal, focusing primarily on the results of the second study (Trangsrud, 2020). This was particularly encouraged by the competence group with the argument that academic articles written in a foreign language may not be universally accessible.

6 Summary of findings

This thesis encompasses three papers that explore the research questions in sub-studies one, two, and three, respectively (see 3.2). In this chapter, I summarise the main findings of the three papers. An overall discussion of the findings, including methodological considerations and implications, is given in chapter seven.

Although the term ‘findings’ may be associated with perspectives on knowledge as something objective to be found, *findings* in this thesis still relates to the process of knowledge as co-created. The term ‘results’ have been used in the published articles according to the designated guidelines of the journal. The papers are further referenced as P1, P2, and P3.

6.1 Paper 1

Trangsrud, L. K. J., Borg, M., & Bratland-Sanda, S. (2020). Friluftsliv in eating disorder recovery – A systematic review. *Journal of Outdoor Recreation, Education & Leadership*, 12(2), 181-204. doi:<https://doi.org/10.18666/JOREL-2020-V12-I2-9607>

The first study is a systematic review establishing the current knowledge base of friluftsliv as part of a person’s eating disorder recovery processes. Moreover, the review explores how friluftsliv may contribute to changes in factors related to a person’s eating disorder recovery processes. The most prominent findings were improved body image, appreciation and acceptance of one’s body, and enhanced self-esteem following participation in friluftsliv. The embodied experiences in nature were described as facilitating a greater sense of ownership and respect for one’s own body. Moreover, enhanced self-esteem was reported following a reconnection with other persons in nature, as well as increased skill levels in outdoor activities. While recognising the existence of taken-for-granted ideas of the masculine and feminine body in friluftsliv, we discuss how participation in friluftsliv could challenge the prevailing body image and contribute to a re-evaluation of the gendered roles and stereotypes identified in society.

This is particularly important as a shift of focus from physical appearance to physical ability. However, although most of the studies included in the review refer to cultural ideals and body image pressure in society as a major concern, eating disorders are complex phenomena that can hardly be reduced to poor body image or low self-esteem.

Two of the studies in the review explicitly assess a person's everyday connectedness with nature. The remaining 11 studies examine participation in outdoor adventure programmes, therapeutic programmes using outdoor activities, or outdoor education programmes. However, several of the studies report how participation in friluftsliv contributed to a feeling of being capable of managing everyday challenges.

The limited research in this area suggests a need for future research focusing on how experiences with nature and friluftsliv as part of everyday life could support individuals' recovery processes. We also identified a need for well-designed qualitative studies that centre the roles of the person, context, and the dynamic relationship between person and contexts. In general, the systematic search for studies focusing on friluftsliv as part of individuals' eating disorder recovery revealed studies with promising results. However, the quality assessment of the included studies demonstrates a need for more rigorous scientific approaches to understand if and how friluftsliv can contribute to recovery processes for persons experiencing eating disorders.

6.2 Paper 2

Trangsrud, L. K. J., Borg, M., Bratland-Sanda, S., & Klevan, T. (2020). Embodying experiences with nature in everyday life recovery for persons with eating disorders. *International Journal of Environmental Research & Public Health*, 17(8), 2784. doi:<https://doi.org/10.3390/ijerph17082784>

The second paper explores embodying experiences with nature related to recovery in everyday life for persons experiencing eating disorders. The participants reported that nature gave them peace and calm and facilitated an engagement of the senses,

particularly a sensing of the ground with their feet. Nature was described as providing room for them to come as they were, including all their experiences. Moreover, the participants characterised being with nature as allowing for self-care, saying that nature even required something of them, albeit in a non-judgemental way.

In the paper, we explore perspectives on the human–nature relationship as part of persons’ recovery in everyday life. We assert that recovery consists of thorough relational processes emphasising a connection between what takes place on ‘the inside’ of a person and their sociocultural and material situatedness. In addition, the multifaceted and ambiguous experiences of eating disorders are discussed in relation to the body–mind dichotomy; we argue for the importance of an integrative focus on the body in eating disorder recovery. The study emphasises how embodying experiences with nature facilitate a (re)connection with one’s body, while also suggesting the potential benefits of focusing on something outside oneself (e.g. the ground or nature more generally).

6.3 Paper 3

Trangsrud, L. K. J., Borg, M., Bratland-Sanda, S., & Klevan, T. (2021). Shifting the eating disorder into the background—Friluftsliv as facilitating supportive strategies in everyday life recovery. *Journal of Adventure Education and Outdoor Learning*, 1-15.

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The third study explores subjective experiences of how friluftsliv can support processes of recovery for persons living with eating disorders. The same data used for the second study was analysed again in light of the new study aim. The findings demonstrate how friluftsliv was described as relational processes that were supportive in recognising one’s own needs. The participants recalled their experiences with friluftsliv as involving multi-layered aspects of practicing to be a person in relationships. In this, their relationship with nature appeared to facilitate both developing and maintaining relations with others, as well as taking time off for themselves. A second finding was that friluftsliv encompasses meaningful occupations and important coping strategies in a learning and practice arena

for recovery. Friluftsliv was described as bringing a sense of empowerment; the participants felt that they actively did something to enhance their situation, thus reclaiming a sense of control over their lives and recovery journey. The third and final primary finding is that a (re)establishment of oneself as an outdoor person was found to support the development of a new self-understanding. The participants reported that their everyday interaction with friluftsliv helped create a personal narrative linking their childhood memories with the present, as well as with their hopes and dreams for the future. Becoming identified as an outdoor person appeared to be important, in contrast to being identified or identifying oneself primarily as a person with an eating disorder. Taken together, the findings indicate that friluftsliv, experienced as comprising nurturing environments and occupations, enables aspects of one's life other than the eating disorder to assume prominence.

Grounded in perspectives articulated by the competence group, we discuss how the participants appeared to move between outwardly- and inwardly-oriented ways of being with nature. We suggest that this illustrates their recovery processes as including times when the eating disorder was shifted to the background and times when it was felt more prominently. Rather than being understood as something healthy (friluftsliv) or unhealthy (eating disorders), we argue that this shows a necessary emphasis on everyday life recovery as involving dynamic and multifaceted processes.

7 Discussion

'Ultimately, to acknowledge the life of the body, and to affirm our solidarity with this physical form, is to acknowledge our existence as one of the earth's animals, and so to remember and rejuvenate the organic basis of our thoughts and our intelligence'. (Abram, 1997, p. 47)

The overall aim of this thesis has been to explore and discuss persons with eating disorders' experiences with nature and friluftsliv as part of everyday life recovery. The findings from the project indicate that friluftsliv is an important supportive strategy for living and dealing with a difficult situation. Experiences with nature and friluftsliv represent nurturing environments and occupations that provide valuable breaks from the distress associated with an eating disorder and centre other aspects of one's life. Moreover, experiences with nature were reported to facilitate a (re)connection with one's body, placing the focus on embodied interaction between humans and nature.

In this chapter, all three sub-studies included in the thesis are reflected upon and discussed. However, I begin with a short prologue on how the research process has entailed a movement from focusing on subjective experiences as person-centred towards more eco-cultural perspectives. Arguably, this has informed some of the philosophical and methodological reflections underpinning further discussion of the findings. The main portion of this chapter is devoted to discussing persons with eating disorders' experiences with nature and friluftsliv and how these experiences relate to embodied, relational, and everyday life perspectives. Building on these perspectives, I then explore how nature and friluftsliv may constitute nurturing environments and occupations in individuals' recovery processes. In the final two sections, I discuss methodological considerations and the potential implications of the project.

7.1 Prologue: From person-centred to eco-cultural perspectives

Allowing myself to grow and develop within the research journey and explore new approaches in the research process, with all that encompasses, has shown me that my own assumptions, insights, and approaches can – and probably will – change over time. This has also been the case for perspectives on the concept of ‘person-centredness’.

Person-centredness as well as recovery has been promoted to challenge more disease-oriented models; it emphasises context, culture, and community (Desai, 2018). Yet much person-centred literature has been devoted to the individual’s needs (Morgan & Yoder, 2012). A fundamental underpinning of person-centredness is the view of persons striving towards actualising their potential (Rogers, 1979) and flourishing (McCormack & Titchen, 2014). By acknowledging a person’s preferences, needs, and the uniqueness of their stories, the understanding of recovery as a personal journey fits with an emphasis on placing the person in the centre (Hummelvoll et al., 2015; Morgan & Yoder, 2012). While this may have been representative of my initial encounters with recovery and person-centredness, this project’s focus on the human–nature relationship and its emphasis on everyday situations have involved a gradual movement towards an understanding of recovery as encompassing social and contextual processes. Moreover, this also provided for a shift of focus towards more eco-cultural perspectives on a person as being embedded within their environment.

The very term ‘person-centred’ may perpetuate anthropocentric premises (Blair, 2013). Although several person-centred approaches recognise how individuals seek to manage their life situations (Morgan & Yoder, 2012) or how personal capabilities are influenced by social and environmental circumstances (Entwistle & Watt, 2013), questions have been raised as to whether this is a one-way street in terms of an individual being influenced by the world ‘out there’ (Blair, 2013). Related to this, it is proposed that the focus on human needs and priorities in a person-centred approach may risk missing the recognition of how everything is connected ecologically (Blair, 2013; Næss, 1989). To

thoroughly acknowledge mental health recovery as a social and contextual issue, it is necessary to understand human health as closely connected to the global ecological health situation in a reciprocal relationship (Desai, 2018). This may necessitate an altering of our fundamental philosophical understandings towards a recognition of how interactions between parts and the whole change each other (Rocca & Anjum, 2020), much in line with the *gestalt* ontology posited by Næss (1989). More broadly, incorporating an understanding of humans as both natural and sociocultural beings, Ingold (2000, p. 170) encourages us ‘to recognise that the body *is* the human organism, and that the process of embodiment is one and the same as the development of that organism in its environment’.

The emphasis on a dynamic synergy of organism and environment can be rationalised by the phenomenological understanding (as detailed in chapter four) of how an individual is before everything else a ‘being-in-the-world’ (Ingold, 2000, p. 168). According to Merleau-Ponty (1962, p. 82), ‘the body is the vehicle of being in the world, and having a body is, for a living creature, to be involved in a definite environment [...]’. Recognising persons as embedded in a wider ecological web implies moving beyond dominant Western understandings of the self as separate and autonomous, towards the understanding of a person as situated and contextualised (Harper, Carpenter, & Segal, 2011). In the words of Arne Næss (1988), the ‘ecological self’ is interconnected and relates to that with which a person identifies. Phenomenologically speaking, being a person-in-environment may include interacting and identifying with humans, non-human beings, landscapes, and sociocultural settings (Ingold, 2000).

The eco-centred understandings presented in this prologue emphasise a context-sensitivity (Rocca & Anjum, 2020) in recognising how experiences of nature, culture, society, and history (Merleau-Ponty, 1962), and experiences with different environments (Jóhannesdóttir & Thorgeirsdóttir, 2016) converge in our bodies. Hence, human occupations and processes must be studied within ‘the ecological contexts of people’s interrelations with their environments’ (Ingold, 2000, p. 171). In the next sections, I

discuss the project findings related to perspectives on nature and friluftsliv as involving multifaceted relations between persons and the sociocultural and material context.

7.2 Experiences with nature and friluftsliv as embodied, relational, and situated in everyday life

Based on the findings in this project, I identify three perspectives as particularly relevant: embodied, relational, and everyday aspects. In this section, I primarily discuss how these provide valuable insights into our exploration of how experiences with nature and friluftsliv contribute to recovery processes for persons with eating disorders. The discussion builds on and extends the three theoretical perspectives elaborated in chapter two: nature and friluftsliv, eating disorders, and recovery. Notably, none of these perspectives are to be understood in isolation. Rather, exploring and discussing persons' lived experiences highlights the complex and intertwined processes of life; focus areas overlap and can be illuminated from multiple angles.

7.2.1 Embodied experiences with nature

One of the most prominent aspects in both observations and verbal communication with the participants was the embodied foundation of their experiences. Particularly, sensory experiences in nature were highlighted as facilitating a (re)connection with their own bodies (P2). While there has been a focus on the benefits of contact with nature within much environmental research, this has largely been based on visual contact (including a recent focus on virtual nature), failing to see that individuals most often engage in a multi-sensory relationship with nature and that the senses work together in experiences with nature (Franco et al., 2017). From the participants' stories, it became apparent that not only the visual scenery but also the smells in nature, the quietness, and tactile experiences were important. Particularly sensing the ground and varied terrain under one's feet were reported to be helpful in grounding oneself to the present, illustrating the body–mind connection (P2).

The holistic emphasis on persons as embodied and situated in a reciprocal relationship with the world makes phenomenological perspectives on the body a helpful point of reference. According to Merleau-Ponty (1962, 1994), one's body synthesises the objective and subjective in that it is both extended and visible (object) and simultaneously expresses its existence through a lived body (subject). Although criticised for favouring subjective experiences (Thøgersen, 2004, pp. 137-141), Merleau-Ponty's (1962) emphasis on how persons are embedded in a circular alternation between the subjective and the objective has prompted valuable reflections on how to understand persons' experiences with eating disorders and recovery processes. In this regard, the recognition of persons' embodied and sensory approach to the world is crucial to understanding eating disorders, in which an objectification of the body is precisely what may inhibit the circular alternation between body and world (Duesund & Skårderud, 2003).

Inspired by the work of Merleau-Ponty, Drew Leder's (1990) perspectives on 'the absent body' are cited often within health science, including research on both eating disorders and embodiment (Duesund, 2007; Duesund & Skårderud, 2003; Thoresen, Rugseth, & Bondevik, 2020). According to Leder (1990), the subjective body is rarely thematised and explicit; rather, it is the prerequisite for our attentiveness in the present. On the contrary, individuals become aware of the body when experiencing illness or pain, in terms of a bodily dys-appearance. Painful experiences may actualise as an objectification of the body (Leder, 1990). This is also visible in the participants' stories: a challenging relationship with their bodies may result in it being easier to give the body object status – to *have* a body – rather than *be* a body and exist bodily (P2). As detailed by the participants, living and dealing with eating disorders often consists of an ambivalent relationship with their bodies; their eating disorder maintains them as highly present while also demanding that great effort be undertaken to shut down contact with one's body. In nature, however, it was sufficient to just 'be' without expending energy on suppressing awareness of one's body (P2). This indicates that ecstatically focusing attention on something else shifts the thought of one's own body into the background (Leder, 1990).

The benefits of providing room for occupations where less attention is directed towards oneself and one's body have been advocated in relation to adapted physical activity for persons with eating disorders (Duesund & Skårderud, 2003). In clinical therapy, in contrast, practice has traditionally emphasised self-investigation rather than 'self-forgetting' (Duesund & Skårderud, 2003). Yet the 'aim' of the positively absent body poses a potential question on whether we may end up in new dichotomies where the normal state is understood as a healthy and absent body, as opposed to an abnormal and unhealthy present awareness of one's body. An experience of tensions and contradictions with what is considered 'normal' is frequently reported in first-person perspectives with eating disorder recovery (Lamarre & Rice, 2017). A great proportion of those experiencing eating disorders do not find themselves within the typical stereotypes of eating disorders and often see themselves as 'unrecoverable'; the participants endorsed these notions as well. The unimaginability of recovery may be due to an ideal picture of recovery as a perfect balance of what is considered 'normal' within the dominant health discourse, which largely emphasises personal responsibility for doing things 'coorectly' (Lamarre & Rice, 2017). The stories of the participants in this project demonstrate that recovery should be understood as processes, including times of a more challenging relationship with one's body, thoughts, and feelings, as well as times when the eating disorder and attention towards one's body shift to the background (P3).

Eco-centred perspectives, introduced initially along with Merleau-Ponty's (1962, 1994) emphasis on intentionality, contribute to an understanding of the body as being in an ongoing dialogue with the world as an interacting subject. Recent research has argued that external perspectives on nature as only something 'out there' fail to acknowledge that the recognition and experiences of being humans-as-nature are integral to persons' self-understanding (Schweitzer et al., 2018). As detailed by the participants, and in line with Merleau-Ponty (1962), the inner and outer borders of one's body are unclear. Nature in this sense is both in and around a person, as explained by Merleau-Ponty (2003, p. 206): 'Nature in us must have some relation to Nature outside of us; moreover, Nature

outside of us must be unveiled to us by the nature we are'. The participants' understanding of themselves as entangled and embedded in a relationship with nature, as an existential and experiential body, implies movement from an objectifying and instrumental 'nature exposure' towards a connected and reciprocal 'interaction with nature' (van Heezik & Brymer, 2018). In the next section, I continue to explore perspectives on experiences with nature and friluftsliv as inherently relational.

7.2.2 Experiences with nature and friluftsliv as relational

A second conclusion from the project findings is that recovery processes entail contextual and relational experiences. This further suggests that eating disorder recovery does not occur in a vacuum, but that health and wellbeing are largely influenced by social, cultural, economic, and environmental factors (Desai, 2018). However, the platforms for supporting persons' recovery processes have largely focused on human–human relations – the *interpersonal* (Mudry et al., 2019; Price-Robertson et al., 2017). When analysing the participants' accounts, it became important to broaden the understanding of relational recovery to include relationships between humans and nature. In addition, the human–nature relationship appears to influence not only interpersonal dynamics, but also an individual's relationship with the self.

7.2.2.1 *The human–nature relationship*

Although most of our meetings took place in relatively urban-near nature, the participants in the project frequently expressed a preference for more remote areas with as little human impact as possible (P2). This type of contrast is not new and could be discussed and understood with reference to cultural and learning perspectives (see 2.2.1) on whether their expressions represent ideal images of what is supposed to be 'real friluftsliv' and 'real nature' (Gurholt, 2008a). However, in keeping with the focus on an embodied relationship with nature, the participants' distinct desire for authenticity and serenity in nature is particularly interesting. Perhaps 'pure' or 'original' nature hardly exists (Jóhannesdóttir & Thorgeirsdóttir, 2016); however, what is important in this regard are the participants' experiences with and preferences for 'wild nature', and how they

found it supportive in their recovery processes to relate this to a broader recognition of nature in contrast to society. Much of the calming and welcoming atmosphere experienced in nature is connected to the recognition of nature as authentic, including its variation, beauty, erraticism, and unpredictability (P1, P2). Related to this is a recursive emphasis by the participants on understanding themselves as part of nature.

The experience of connectedness to nature has been associated with positive benefits related to health and wellbeing (Hennigan, 2010; Mayer et al., 2009; Trigwell, Francis, & Bagot, 2014). As detailed by the participants, perceiving themselves as belonging in a greater connection provided for new perspectives regarding their own situation (P2). One example of this comes from their reflections on the constancy of mountains, trees, and rocks, as opposed to a shifting and relatively unstable society. Describing how they were influenced by calmness and stability in nature, the participants expressed that seeing themselves as belonging in this greater connection helped them give their own trouble a little less attention (P2). Moreover, relating back to the 'ecological self' as introduced initially in this chapter, the participants' belief that 'we are all natural beings' (P2) may be understood as providing legitimacy for oneself to be as one is. Contrasted with the expectations they encounter in their urban-society environment, the participants said that, in nature, they did not have this experience of being 'wrong' (P2).

The findings show that nature was related to as something stable, safe, and familiar: a place where some of the distress associated with the eating disorder could be alleviated (P2). In the literature, nature has been proposed as a 'safe base' or a 'safe relationship' that reliably provides concrete and immediate feedback (Schweitzer et al., 2018, p. 10). Friluftsliv may be understood as a learning arena for recovery, where a person could practice self-care strategies and reclaim control over life (P3) in a context described as non-judgemental and welcoming (P2). Recovery related to eating disorders has been described as necessarily involving processes of releasing familiar strategies to make room for new ones to emerge (Matusek & Knudson, 2009). In line with the recognition of nature as 'predictably unpredictable' (Schweitzer et al., 2018, p. 88), the participants

stated that friluftsliv supported this balance of accepting the uncontrollable while remaining in charge of their lives (P3).

7.2.2.2 Interpersonal relationships in nature

Friluftsliv as a leisure occupation is practised both individually and with other persons. Inherent in the participants' stories was this effort of balancing one's personal needs to be social and be alone with nature (P3). Living and dealing with an eating disorder often complicates interpersonal relations (Dark & Carter, 2019). The relationship with nature appears to influence the dynamic of human–human interaction in nature, creating room for practicing to be a person-in-relations. Related to physical activity, embodied perspectives have been promoted as uniting how bodily attention is directed towards the environment and the movement of one's body simultaneously (Duesund, 2007). This 'double intentionality' may illuminate the participants' expressions of how the presence of nature, as a third party in the relationship, allowed for a comfortable distance that, for instance, enabled conversations with friends and family about the eating disorder. Particularly the presence of natural sounds, as opposed to the silence that can surround conversations indoors, was described as supportive. Moreover, friluftsliv rarely involves sitting face-to-face while talking. This was considered less intimidating by the participants; one can more easily steer the conversation onto something other than the eating disorder if needed (P3).

7.2.2.3 The relationship with oneself in nature

Following from the recognition of persons as 'ecological selves', the connection between an individual's relationship with place and sense of self influences the attitudes and behaviours persons exhibit regarding their own health and wellbeing (Harper et al., 2011). Identified as 'special places', childhood landscapes are typically considered to imbue meaningful narratives (Harper et al., 2011). As such, experiences with nature from one's early years have been considered important for meaning production in friluftsliv as a framework for interpreting subsequent activities and experiences (Riese & Vorkinn, 2002). Recognising that we all have an inner landscape as a point of reference for

meaning and identity (Fugelli & Ingstad, 2009) may help illuminate the participants' expressions of childhood memories with nature as important for their development of self-narratives (P3). Moreover, the continuity in their stories of a relationship with nature from childhood to the present and, further, into hopes and dreams for the future seems important in developing a sense of self that allows aspects other than the eating disorder to be prominent. As such, the relationship with nature appears to influence the participants' relationship with themselves, including questioning their relationship with the eating disorder (P3). Moreover, the understanding of 'the life rules' as being different in nature legitimises practicing self-care and listening to one's needs (P2).

7.2.3 Everyday life experiences with nature and friluftsliv

Following the hermeneutic phenomenological approach, a person's everyday life is closely connected to their lifeworld. Although the everyday concept also has been defined as concrete, practical, and organisational tasks inherent in daily life, this need not necessarily be distinguished from an individual's subjective life perspective; it could be understood as an integrated part of it (Gullestad, 1989a). A recurrent feature in the participants' stories was a distinction between their everyday friluftsliv, often taking place in more urban-near nature, and friluftsliv in more remote or wilderness-like areas. This indicates an ambivalence to their valuation of nearby nature, both as part of their everyday life and as a way of getting a break from difficulties in their everyday lives. Within environmental psychology, the experience of 'being away' has been emphasised as an important feature for restoration (Kaplan, 1995). However, it is unclear how far one actually has to go; it may be that the sense of 'being away' in nature represents an experience or a feeling as much as actually implying physical transformation (Kaplan, 1995). According to the participants, what was important were the characteristics associated with their everyday friluftsliv as something qualitatively different from their urban everyday life (P2).

The participants emphasised that many of the features they were influenced by – and found demanding in society – were removed or experienced as less demanding in nature

(P2). Typically, society was characterised in terms of asphalt, traffic, and noise as opposed to the peaceful, quiet, and sensory-rich qualities they found in nature. While a strict divide between an authentic nature versus a polluted society is questionable (Baklien et al., 2015), the distinction endorsed by the participants points to ways of understanding their experiences about which, in society, the eating disorder largely sets the premises. Asphalt, for instance, was often associated with exercising, including a focus on distance and time, references that may be related to moving one's body as a 'necessity' (P2). The expressed preference for nature with perceived little human impact and minimal reminders of society may also be understood in the broader light of 'eating disorders' as a diagnosis created by society. In nature, diagnosis and symptom criteria seem irrelevant, as nature welcomes a person 'as is'. The objectification of one's body as part of dealing with an eating disorder also appeared in this contrast, referred to as something taking place primarily 'in society' (P2).

In nature, it is considered acceptable to withdraw from social relations and events (Gullestad, 1989b). This was important with regard to other persons but also reflected the participants' relationships with social media. They said it was liberating in nature to be out of reception and it was legitimate to turn off their cell phones. This created a distance from everything they associated with society, allowing them to be 'just you and nature', as one participant expressed (P2). Originally a concept from the jazz scene, 'woodshedding' relates to the withdrawal of musicians from the public eye and into an isolated place where they would find peace to develop a new sound (Larsen & Topor, 2017). The term has been borrowed by the mental health field to describe the period after a crisis when a person seeks out a calm place to re-orient oneself in the world (Larsen & Topor, 2017; Strauss, 1989). While this is typically described as necessary for a specific period of time (Larsen & Topor, 2017), this project shows how engagement with nature and friluftsliv may serve as a recurrent woodshedding strategy to manage everyday life while simultaneously living one's recovery processes. In accordance with an awareness of the body as social – and, as such, how one's self-understanding is influenced by one's interpretations of other persons' gaze (Leder, 1990) – nature was referred to as

a place to escape the internalised self-critical perspectives frequently experienced when other persons are present (P2). In addition, nature was described as a place to seek shelter from new rounds of bingeing and purging (P3).

An important feature of the woodshedding process is that it helps a person manage person–environment interactions, gradually increasing in complexity and involvement (Strauss, 1989). With reference to Harold Searles, this has also been suggested in relation to the interplay between humans and nature (Ottosson, 2001). When faced with a challenging situation or a crisis, complex relations may be too difficult to handle. Thus, it is beneficial to begin with objects (such as rocks) and plants before involving more complicated relationships such as animals and humans (Ottosson, 2001). However, for the participants, although the calming qualities in nature were closely related to a sense of quiet and isolation (P2), friluftsliv as a supportive strategy did not necessarily exclude the presence of other persons, but referred to an attentiveness towards balancing social needs with time alone (P3).

The value of seeking nature as a safe relationship during one’s recovery processes related to eating disorders may be overlooked as ordinary or trivial from more biomedical or clinical perspectives. Equally, the significance of access to nearby nature in daily life may not have been thoroughly recognised due to a focus upon friluftsliv in terms of ‘extraordinary experiences’. The findings from this project, however, highlight nature and friluftsliv as nurturing environments and occupations in the participants’ everyday life that helped create a balance when living and dealing with eating disorder recovery processes.

7.3 Nature and friluftsliv as recovery-nurturing environments and occupations

‘Indeed, it could be claimed that, often, things that are deeply personal prove to be surprisingly universal’. (Ottosson, 2001, p. 165)

The participants' definition of what the concepts of 'nature' and 'friluftsliv' encompass appear to be influenced largely by the qualities they sought in praxis. Nature was considered a stable, peaceful, welcoming, and sensory-rich environment: a free space that allows one to be as one is and provides a break from much of the eating disorder-related distress (P2, P3). For friluftsliv to be experienced as facilitating supportive strategies in everyday life, places where these nurturing qualities could be found were sought and also identified as 'nature'.

Finding environments that are experienced as nurturing and identifying self-care strategies, such as spending time with nature, is highlighted as an important initial step in recovery journeys (Deegan, 2005; Drake, Wallach, & McGovern, 2005). In a review of research focusing on the protective and stress-buffering benefits of play and pleasure as part of recovery processes, participating in activities not directly addressing one's health challenges reportedly offered temporarily relief and allowed the person to change focus for a while (Davidson, Shahar, et al., 2006). Moreover, environments and occupations that are experienced as nurturing promote resilience, meaning the development of the capacity to cope, withstand adversity, and define a new sense of self so that when life becomes challenging, a person will be able to bounce back (Deegan, 2005). In this study, I explore friluftsliv as supporting the development of a new sense of self (P3). In accordance with the contextual understanding of recovery as transpiring in everyday settings, the recognition of friluftsliv as ordinary practices and normative leisure activities among the Norwegian population (Dervo et al., 2014) is particularly interesting.

7.3.1 Friluftsliv as ordinary practices

The findings indicate that participating in enjoyable and ordinary occupations may support the development of new understandings of oneself due to a sense of belonging in a shared, yet diverse, sociocultural discourse termed 'friluftsliv' (P3). While much research has examined various interventions based on outdoor therapies, few studies have looked specifically at nature experiences as part of mental health and eating disorder recovery processes in everyday, non-clinical settings. Recognising the potential

benefits of practicing therapy in nature, there may also be some valuable features ‘lost’ when moving friluftsliv into therapeutic practice, for example the ‘ordinariness’ of practicing friluftsliv in an everyday context. In this study, the participants describe friluftsliv as facilitating experiences of other parts of their identities as more prominent than the eating disorder. Stigma and shame associated with internalising societal notions of being ‘a person with eating disorder’ were frequently reported amongst the participants (P2, P3). Previous recovery-oriented research has emphasized a close link between participating in ordinary, everyday occupations and reclaiming a sociocultural role beyond the challenges experienced (Mezzina et al., 2006).

Resistance towards the stigma or the (perhaps self-imposed) shame can occur when individuals experience themselves as active agents in their lives by participating in activities and relations, learning new skills, or reconnecting with previous interests (Mezzina et al., 2006). The participants stressed the importance of being identified as an ‘outdoor person’, accentuating the close connection between one’s occupations and one’s relationship with self (P3). This is related to the formation of a new sense of self through a negotiation between personal narratives and friluftsliv as a valued sociocultural discourse and fellowship. In addition, the relational and ecological realisations introduced initially in this chapter provide for an understanding of oneself-in-the-environment, suggesting that the everyday friluftsliv setting facilitates opportunities to reclaim one’s status as a person and citizen, just like everyone else (Mudry et al., 2019).

Although outdoor research has been argued only somewhat concerned with embodied experiences in nature (Humberstone, 2019), friluftsliv largely involves practical experiences of the body. The studies assessed in the literature review (P1) show how spending time with nature can alter the relationship with one’s body, including a change of focus from physical appearance to physical ability. This was related in part to experiencing the capability of handling physical demands in nature and mastering new skills in friluftsliv. However, the focus on bodily capabilities may generate a new ‘pressure’ to demonstrate competence and strength in nature. Furthermore, this may contribute to

a new instrumentalisation of the body at the expense of a holistic body–mind approach (Duesund, 2003).

At the same time, the participants in the project frequently said they did not have to perform or achieve anything in nature. Their focus was more on bodily functioning than skills. Moreover, their emphasis on nature as a place to just ‘be’ downplayed the expectation that something should be ‘healed’ or ‘fixed’ by or in nature. While *friluftsliv* is frequently understood as providing peace and calm for ‘the general population’, in mental health, we tend to move from *friluftsliv* as an end in itself towards *friluftsliv* as a mean. In this, we may forget that persons living and dealing with mental health challenges or eating disorders are persons like you and me. As emphasized by the participants, the break that nature can provide may be equally important to all.

7.4 Methodological considerations

Evaluating the calibre of qualitative research requires an assessment of coherence between the research aim, the philosophical grounding, and the methods and procedures undertaken – in accordance with the findings presented (Fossey et al., 2002). Among the numerous approaches put forward (Creswell & Poth, 2018; Whittemore, Chase, & Mandle, 2001), Malterud (2011) proposes reflexivity, validity, and relevance as overall criteria. While reflexivity was explored in chapter four, the next sections are devoted to methodological considerations of the project regarding validity and relevance. Arguably, the detailed presentation of methods and procedures, including ethical reflections in chapter five, makes up a substantial part of the attempt to ensure transparency and trustworthiness in the research process (Whittemore et al., 2001).

7.4.1 Validity

Validation consists of a critical questioning of the inquiry: are the methods and procedures chosen appropriate for researching the intended topic? (Kvale, 1995; Malterud, 2011). An important assessment in this regard relates to whether the recruitment strategy chosen provides for relevant information consistent with the study

aim (Fossey et al., 2002). In this project, persons who self-identified with the inclusion criteria contacted me and volunteered to participate in the research. While a purposeful criterion-based recruitment strategy is highly recommended for qualitative studies (Creswell & Poth, 2018; Fossey et al., 2002), a different approach probably would have yielded participants with different perspectives. The inclusion criteria of being 'interested in nature and friluftsliv' were important for the project objective. However, this may also have contributed to participants with primarily positive associations in this direction. As expressed by the participants, their personal regard for experiences with nature was an important motivation for contributing to the research. Moreover, recruiting participants this way implies that we only hear stories from those who are able to make contact. However, in line with the participatory approaches emphasised in this project, it was important that the initiative and motivation to participate in the study came from the participants themselves.

The validity of qualitative research is typically assessed according to the trustworthiness of the data interpretation (Fossey et al., 2002). In this regard, transparency ensures openness in knowledge generation (Fossey et al., 2002). While following specific steps of a method, such as IPA, may not always be compatible with a phenomenological approach (van Manen, 2017), there is also reason to believe that a clear analysis structure contributes to transparency in the research process (Binder et al., 2012). And yet, in prioritising authenticity as an important validity criterion when representing participants' stories (Whittemore et al., 2001), detailed analytical methods may be prone to reducing the participants' experiences when they are fragmented into themes and sub-themes.

Aware of this, I sought to pay attention to 'the whole story', as the participants' understandings of their experiences with nature and friluftsliv appeared thoroughly contextualised within the rest of their lives – their childhoods, family life, and relationships – while also influencing their sense of self. Conducting the interviews in nature proved helpful in this regard; reflections on observations along with verbal communication contributed to a re-contextualisation when I later approached the data

material with the IPA method. Although the experiences still must be understood based on their specific setting, meeting the participants twice yielded possibilities to follow up on reflections from the first interview; this may have contributed to a more nuanced understanding of the participants' expressions.

One technique for assessing the validity of one's own research is communication (Kvale, 1995). While sending transcripts or preliminary analysis back to the participants in a study for a 'member validation' is a debated strategy (Sandelowski, 1993), it is generally considered beneficial to have persons with different perspectives critically question one's work (Malterud, 2011). The competence group served an important role in this regard. The demographic heterogeneity within the group, which included persons with eating disorder experiences and other mental health challenges, provided for multiple perspectives for planning the data generation and analysing the material (Jennings et al., 2018). In addition, I believe that the multifaceted backgrounds of the article authors has contributed to a critical questioning of how each other's contextualisation may have influenced our approach to the research. However, what could have been done differently was the inclusion of the competence group in the review process (P1). This may have enhanced the relevance of the generated findings (Jennings et al., 2018).

7.4.2 Relevance

In a qualitative study, where we recognise that there may be multiple answers to a research question, the task may not be to assert the 'truth' of the findings but to assess the relevance of the research (Malterud, 2011). I do not argue that the knowledge from this study on eight participants' experiences with nature and friluftsliv as part of their eating disorder recovery processes are generalisable outside this context. However, this knowledge may still contribute to an exploration of how findings from a specific context could illuminate the understanding of other contexts (Fossey et al., 2002). In this regard, the experiences with nature and friluftsliv may be relevant for various health challenges, although this project has been directed specifically at persons' experiences with eating disorders and recovery.

Both friluftsliv and health are culturally-dependent concepts; as such, they may be challenging to transfer, especially to different international sociocultural contexts (Bischoff, Marcussen, & Reiten, 2007). Moreover, variation in landscapes and, thus, human relationships with these landscapes, may limit the transferability of nature-based research from one geographical region to another (Mygind et al., 2019). To account for this, I elaborated on friluftsliv as a concept in chapter two, suggesting that there may be some distinct features in the Norwegian and Nordic concept of friluftsliv, particularly related to the relatively easy access to nature in individuals' everyday life, as well as the valued cultural and ideological position of friluftsliv in society. However, the sensory experiences in the human–nature interaction and the connectedness with nature, as reported by participants in the project, could still resonate internationally (Schweitzer et al., 2018) and in Norway (Bischoff, 2012).

In the systematic review, we included studies with various methodologies and heterogenic target groups due to the limited amount of research. However, this reduced the possibility of comparisons between the studies (P1). Due to the multifaceted conceptualisations of 'nature', there has been a call for a more rigid clarification of the characteristics of a natural environment and the types of interaction with nature when developing and evaluating nature- and health-related research (Barnes et al., 2018; Mygind et al., 2019). In accordance with what has been emphasised so far, there are several reasons that we chose to include multiple settings and forms of interaction with nature. First, our research focus on subjective experiences with nature and friluftsliv in everyday life recovery necessitated that the meetings take place in an area chosen by the participants. Second, the embodied and relational aspects of nature experiences demonstrate the contextual influence on a person's experiences with nature and friluftsliv, rather than certain types of nature as particular types of stimuli. Hence, a thorough distinction between various types of nature interaction may be more beneficial when assessing the effects of nature contact rather than exploring their qualities. Third, an exploration of both shared and diverse experiences also constitutes a strength, as the

various elements of relationships with nature and friluftsliv may provide opportunities for recognition and relevance to individuals within multiple contexts (Malterud, 2011).

Part of questioning the relevance of a research project relates to its contribution and added value (Malterud, 2011). I address this in the next section by focusing on the potential implications of this research project. I reiterate that the study aim was not to investigate the potential 'effects' of experiences with nature and friluftsliv but to explore what these experiences may embed. Thus, I do not compare the benefits of friluftsliv to those of other everyday occupations and strategies. Neither do I claim that friluftsliv is meaningful or supportive in recovery for all persons experiencing eating disorders. Rather, friluftsliv is one out of several potential occupations a person could engage in to deal with a difficult situation.

7.5 Implications

This thesis has several implications regarding research and practice. First, the findings emphasise subjective experiences as important perspectives that contribute to the knowledge on living with eating disorders as encompassing and affecting a person's health, wellbeing, and quality of life more generally. The findings also suggest that the dichotomy of health versus illness – a prevailing perspective in most biomedical understandings of health – may represent a narrow and de-contextualised picture of what living and dealing with mental health challenges involves. Experiences with nature and friluftsliv and eating disorders were described as encompassing individual differences in the project. However, identifying supportive environments and occupations in one's everyday life is a crucial strategy in recovery processes. As such, the findings indicate that focusing on eating disorders exclusively from a clinical perspective may obscure important views of recovery that are essential for developing services and support. Rather, recognising a person's knowledge, interests, and resources regarding their situation is clinically relevant: this represents individuals with mental health challenges as persons to be treated as such in both research and practice. In addition, the personal stories given in this project offer hope and possible ways to support others in similar

situations (Pettersen & Rosenvinge, 2002; Redenbach & Lawler, 2003). The methodological experiences with participatory research in the project are proposed as valuable strategies when researching persons' lived experiences.

Second, these findings suggest that perspectives on persons' everyday life play a central role in understanding and facilitating individuals' recovery processes. While the various versions of outdoor therapies constitute potential approaches, this has often implied transferring a person to a location outside their everyday environment (Fernee, Gabrielsen, Andersen, & Mesel, 2016). This may complicate the integration of acquired strategies after a return to daily life. In addition, much person-centred research still concerns healthcare settings, particularly encounters between healthcare professionals and service-users (McCormack & McCance, 2016). The findings from this project call for a recognition of everyday experiences in recovery and demonstrate the need for further research in this area devoted to a broader focus on the dynamic person–environment context.

Third, persons with eating disorders typically describe their experiences as followed by feelings of shame and guilt (Pettersen & Rosenvinge, 2002). BN and BED, in particular, often feature negatively loaded aspects such as loss of control, overeating, bingeing, and vomiting (Pettersen, 2007). Because much eating disorder literature investigates AN (Matusek & Knudson, 2009), findings from this project contribute relevant knowledge on individual experiences with BN and BED. In addition, the recognition that eating disorders, particularly BED, also affect men (Duncan, Ziobrowski, & Nicol, 2017; Mitchison, Mond, Slewa-Younan, & Hay, 2013) makes the absence of male participants in this research area concerning. The primary emphasis on women in outdoor programmes for eating disorder treatment (identified in the review), as well as the fact that few men responded during the recruitment process of the qualitative studies, may indicate that eating disorders are still closely associated with women (Collier, 2013). Hence, the findings from this project point to a need for further research on eating disorder recovery to include the experiences of both men and women.

Fourth, the findings from this project have emphasised the body as essential to eating disorder recovery processes. Although there is an increasing recognition of interdisciplinary approaches (Albertsen et al., 2019; Karlsen, Vrabel, Bratland-Sanda, Ulleberg, & Benum, 2018), the master narrative on eating disorder recovery typically involves cognitive-behavioural and psychosocial approaches, as well as psychopharmacologic treatment (Hay et al., 2014; Matussek & Knudson, 2009). Recognising that what is helpful varies, these findings suggest that more holistic and embodied perspectives towards eating disorder recovery processes are needed in research and practice.

Finally, while a substantial body of research demonstrating the health benefits of nature interaction already exists, more research is needed on the qualities of the human–nature relationship (Brymer et al., 2020; Schweitzer et al., 2018). This project explores how a focus on embodied and relational proximity to nature may promote different understandings of this relationship than, for instance, dose-response approaches to ‘nature-exposure’ (van Heezik & Brymer, 2018). Particularly, the focus on subjective experiences of the human–nature interaction can be argued to contribute with expanded knowledge of how this may relate to persons’ health and wellbeing. In addition, an instrumental relationship with nature where we seek to determine the minimum of greenness needed in order to achieve health-related benefits may very well threaten ecological integrity, forgetting that we ourselves are dependent on this very ecological balance (van Heezik & Brymer, 2018). Related to this, there is a need for future research to incorporate more eco-centric perspectives when seeking to understand experiences with nature and friluftsliv.

8 Concluding remarks

'You see, you cannot draw lines and compartments and refuse to budge beyond them. Sometimes you have to use your failures as stepping-stones to success. You have to maintain a fine balance between hope and despair. [...] In the end, it's all a question of balance'. (Rohinton Mistry – A fine balance)

The findings from the current project demonstrate experiences with nature and friluftsliv as encompassing nurturing environments and supportive everyday occupations in living and dealing with eating disorder recovery. In sum, the emphasis of the participants in the project on nature as providing valuable breaks from the distress associated with the eating disorder stands out. In this break, nature was described as having room for all of the processes involved in identifying a balance in one's recovery and everyday life. The findings in this project revealed how one's interaction with nature provided for a (re)connection with one's body, particularly through sensory experiences. At the same time, the direction of one's attention towards nature implied that less focus could be given to one's own body. Moreover, friluftsliv were described as supportive in assuming control over own life and recovery, while spending time with nature simultaneously implied an acceptance of immersion in something 'uncontrollable'.

Nature and friluftsliv allowed for a balance of letting other persons into closer proximity, while also recognising and legitimising time needed alone; and of embracing physical functionality and mastering new skills in nature, while also allowing time to just 'be'. The emphasised qualities of nature as a way to counterbalance the challenges experienced in a more urban society setting has been found helpful in this project related to how we may understand participants' relationship with nature and friluftsliv as part of everyday life recovery. However, the numerous acts of balancing highlighted also identifies recovery processes as dynamic and multi-layered. It was not necessarily the case that nature erased or healed everything difficult. Rather, nature was described as a place where the participants in the project emphasised that they could leave some of their worries while also regaining energy and hope.

As well as the findings from this project, the journey of doing research can in many ways be described as an act of balance in a continued process of exploring, discussing, and reflecting. Related to this, I believe it important to emphasise the knowledge generated as temporary and situated and as illuminating perspectives on how certain parts of the world may be understood rather than providing firm and final conclusions. In the project, I have attempted to provide room for individual nuances, understanding the participants' experiences with nature as a subjective and complex relationship. At the same, the sub-studies included, as well as this thesis, have aspired to reflect the shared features of the stories from the participants. I believe both perspectives to be important in further discussions related to how to provide and protect for experiences with nature and friluftsliv. In addition, in this thesis I have attempted a balance between pointing to what is ordinary and common in the participants' experiences with nature and friluftsliv, while connecting these 'ordinary' experiences to living and dealing with eating disorder recovery. I recognise this balance to be precisely at the heart of much recovery-oriented and participatory research where we seek to acknowledge the severity of living and dealing with an eating disorder at the same time as emphasising individuals with mental health challenges first and foremost as citizens and persons.

References

- Abram, D. (1997). *The spell of the sensuous: Perception and language in a more-than-human world*. New York: Vintage Books.
- Albertsen, M. N., Natvik, E., & Råheim, M. (2019). Patients' experiences from basic body awareness therapy in the treatment of binge eating disorder -movement toward health: A phenomenological study. *Journal of Eating Disorders*, 7(36), 1-12. doi:<https://doi.org/10.1186/s40337-019-0264-0>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Washington, DC: American Psychiatric Association.
- Anjum, R. L. (2020). Dispositions and the Unique Patient. In R. L. Anjum, S. Copeland, & E. Rocca (Eds.), *Rethinking causality, complexity and evidence for the unique patient* (pp. 13-36). Cham: Springer.
- Annerstedt, M., & Währborg, P. (2011). Nature-assisted therapy: Systematic review of controlled and observational studies. *Scandinavian Journal of Public Health*, 39(4), 371-388. doi:10.1177/1403494810396400
- Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11-24. doi:<https://doi.org/10.1037/h0095655>
- Arroll, M. A., & Senior, V. (2008). Individuals' experience of chronic fatigue syndrome/myalgic encephalomyelitis: An interpretative phenomenological analysis. *Psychology & Health*, 23(4), 443-458. doi:10.1080/14768320701246469
- Baklien, B., Ytterhus, B., & Bongaardt, R. (2015). When everyday life becomes a storm on the horizon: Families' experiences of good mental health while hiking in nature. *Anthropology & Medicine*, 23(1), 42-53. doi:10.1080/13648470.2015.1056056
- Bardone-Cone, A. M., Hunt, R., & Watson, H. (2018). An overview of conceptualizations of eating disorder recovery, recent findings, and future directions. *Current Psychiatry Reports*, 20(79), 1-18. doi:10.1007/s11920-018-0932-9
- Barnes, M. R., Donahue, M. L., Keeler, B. L., Shorb, C. M., Mohtadi, T. Z., & Shelby, L. J. (2018). Characterizing nature and participant experience in studies of nature exposure for positive mental health: An integrative review. *Frontiers in Psychology*, 9, 2617. doi:10.3389/fpsyg.2018.02617
- Barton, J., & Pretty, J. (2010). What is the best dose of nature and green exercise for improving mental health? A multi-study analysis. *Environmental Science & Technology*, 44(10), 3947-3955. doi:10.1021/es903183r
- Beery, T. H. (2013). Nordic in nature: Friluftsliv and environmental connectedness. *Environmental Education Research*, 19(1), 94-117. doi:10.1080/13504622.2012.688799
- Beresford, P. (2013). From 'other' to involved: User involvement in research: An emerging paradigm. *Nordic Social Work Research: Understanding the other*, 3(2), 139-148. doi:10.1080/2156857X.2013.835138
- Beresford, P. (2019). Public participation in health and social care: Exploring the co-production of knowledge. *Frontiers in sociology*, 3:41. doi:10.3389/fsoc.2018.00041

- Binder, P. E., Holgersen, H., & Moltu, C. (2012). Staying close and reflexive: An explorative and reflexive approach to qualitative research on psychotherapy. *Nordic Psychology*, *64*(2), 103-117. doi:10.1080/19012276.2012.726815
- Bischoff, A. (2012). *Mellom meg og det andre finds det stier: En avhandling om stier, mennesker og naturopplevelse [Between me and the other, there are paths: A PhD thesis on paths, people and the experience of nature]*. (Unpublished doctoral dissertation), Norwegian University of Life Sciences, Ås.
- Bischoff, A., Marcussen, J., & Reiten, T. (2007). *Friluftsliv og helse: En kunnskapsoversikt [Friluftsliv and health: A state of knowledge]*. Retrieved from Bø: <https://openarchive.usn.no/usn-xmlui/bitstream/handle/11250/2437827/Friluftslivoghelse.pdf?sequence=1&isAllowed=y>
- Blair, L. (2013). Ecopsychology: challenges for person-centered therapy. *Person-Centered & Experiential Psychotherapies*, *12*(4), 368-381. doi:10.1080/14779757.2013.855134
- Bongaardt, R., Roseth, I., & Baklien, B. (2016). Hiking leisure: Generating a different existence within everyday life. *SAGE Open*, *6*(4), 1-10. doi:10.1177/2158244016681395
- Borg, M. (2007). *The nature of recovery as lived in everyday life: Perspectives of individuals recovering from severe mental health problems*. (Unpublished doctoral dissertation), Norwegian University of Science and Technology, Trondheim.
- Borg, M., & Askheim, O. P. (2010). Deltagerbasert forskning i psykisk helsearbeid – et bidrag til mer «brukbar» kunnskap? [Participatory research in mental health practice - contributing to the development of "useful" knowledge]. *Tidsskrift for psykisk helsearbeid*(02), 100-109.
- Borg, M., & Davidson, L. (2008). The nature of recovery as lived in everyday experience. *Journal of Mental Health*, *17*(2), 129-140. doi:10.1080/09638230701498382
- Borg, M., & Karlsson, B. (2016). Person-centredness, recovery and user involvement in mental health services. In B. McCormack & T. McCance (Eds.), *Person-Centred Practice in Nursing and Health Care: Theory and Practice* (2nd ed., pp. 215-224). Chichester: John Wiley & Sons.
- Bowler, D. E., Buyung-Ali, L. M., Knight, T. M., & Pullin, A. S. (2010). A systematic review of evidence for the added benefits to health of exposure to natural environments. *BMC Public Health*, *10*, 456-456. doi:10.1186/1471-2458-10-456
- Bratland-Sanda, S. (2012). *Fri! : fysisk aktivitet i behandling av spiseforstyrrelser [Free!: Physical activity in eating disorder treatment]*. Bergen: Ros Rådgivning om Spiseforstyrrelser.
- Bratman, G. N., Anderson, C. B., Berman, M. G., Cochran, B., de Vries, S., Flanders, J., . . . Daily, G. C. (2019). Nature and mental health: An ecosystem service perspective. *Science Advances*, *5*(7), eaax0903. doi:10.1126/sciadv.aax0903
- Brymer, E., Araújo, D., Davids, K., & Pepping, G.-J. (2020). Conceptualizing the human health outcomes of acting in natural environments: An ecological perspective. *Frontiers in Psychology*, *11*, 1362. doi:10.3389/fpsyg.2020.01362

- Brymer, E., Freeman, E., & Richardson, M. (2019). One health: The well-being impacts of human-nature relationships. *Frontiers in Psychology, 10*, 1611.
- Carpiano, R. M. (2009). Come take a walk with me: The 'Go-Along' interview as a novel method for studying the implications of place for health and well-being. *Health and Place, 15*(1), 263-272. doi:10.1016/j.healthplace.2008.05.003
- Carter, S. M., & Little, M. (2016). Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. *Qualitative Health Research, 17*(10), 1316-1328. doi:10.1177/1049732307306927
- Chamberlain, K. (2011). Troubling methodology. *Health Psychology Review, 5*(1), 48-54. doi:10.1080/17437199.2010.520113
- Christiansen, C. H., & Townsend, E. A. (2014). An introduction to occupation. In C. H. Christiansen & E. A. Townsend (Eds.), *Introduction to occupation: The art and science of living* (2nd ed., new international ed. ed., pp. 1-34). Harlow: Pearson.
- Clandinin, D. J., & Connelly, F. M. (1994). Personal experience methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 413-427). Thousand Oaks, CA: Sage.
- Collier, R. (2013). Treatment challenges for men with eating disorders. *CMAJ: Canadian Medical Association journal/journal de l'association medicale canadienne, 185*(3), E137. doi:10.1503/cmaj109-4363
- Collins, C. S., & Stockton, C. M. (2018). The central role of theory in qualitative research. *International journal of qualitative methods, 17*(1), 1-10. doi:10.1177/1609406918797475
- Cook-Cottone, C. (2016). Embodied self-regulation and mindful self-care in the prevention of eating disorders. *Eating Disorders, 24*(1), 98-105. doi:10.1080/10640266.2015.1118954
- Corazon, S. S., Sidenius, U., Vammen, K. S., Klinker, S. E., Stigsdotter, U. K., & Poulsen, D. V. (2018). The tree is my anchor: A pilot study on the treatment of BED through nature-based therapy. *International Journal of Environmental Research and Public Health, 15*(11), 1-10. doi:<https://doi.org/10.3390/ijerph15112486>
- Corbin, J., & Morse, J. M. (2003). The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qualitative Inquiry, 9*(3), 335-354.
- Cox, D. T. C., Shanahan, D. F., Hudson, H. L., Plummer, K. E., Siriwardena, G. M., Fuller, R. A., . . . Gaston, K. J. (2017). Doses of neighborhood nature: The benefits for mental health of living with nature. *BioScience, 67*(2), 147-155. doi:10.1093/biosci/biw173
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Los Angeles: Sage.
- Crossley, N. (2001). *The social body: Habit, identity and desire*. London: Sage.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London: Sage.
- D'abundo, M., & Chally, P. (2004). Struggling with recovery: Participant perspectives on battling an eating disorder. *Qualitative Health Research, 14*(8), 1094-1106. doi:10.1177/1049732304267753

- Dahlgren, C. L., Stedal, K., & Wisting, L. (2018). A systematic review of eating disorder prevalence in the Nordic countries: 1994-2016. *Nordic Psychology, 70*(3), 209-227. doi:10.1080/19012276.2017.1410071
- Dark, E., & Carter, S. (2019). Shifting identities: Exploring occupational identity for those in recovery from an eating disorder. *Qualitative Research Journal, 20*(1), 127-139. doi:10.1108/QRJ-07-2019-0054
- Davidson, L., Anthony, W. A., & Gill, K. J. (2006). What happened to civil rights? *Psychiatric Rehabilitation Journal, 30*(1), 11-14. doi:10.2975/30.2006.11.14
- Davidson, L., & Roe, D. (2007). Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. *Journal of Mental Health, 16*(4), 459-470. doi:10.1080/09638230701482394
- Davidson, L., & Schmutte, T. (2019). What is the meaning of recovery? In H. H. Goldman, R. G. Frank, & J. P. Morrissey (Eds.), *The Palgrave Handbook of American Mental Health Policy* (pp. 71-100). Cham: Palgrave Macmillan US.
- Davidson, L., Shahar, G., Lawless, M. S., Sells, D., & Tondora, J. (2006). Play, pleasure, and other positive life events: 'Non-specific' factors in recovery from mental illness? *Psychiatry, 69*(2), 151-163. doi:10.1521/psyc.2006.69.2.151
- de Vos, J. A., Lamarre, A., Radstaak, M., Bijkerk, C. A., Bohlmeijer, E. T., & Westerhof, G. J. (2017). Identifying fundamental criteria for eating disorder recovery: A systematic review and qualitative meta-analysis. *Journal of Eating Disorders, 5*(1), 1-14. doi:10.1186/s40337-017-0164-0
- Deci, E. L., & Ryan, R. M. (2006). Hedonia, eudaimonia, and well-being: An introduction. *Journal of Happiness Studies, 9*(1), 1-11. doi:10.1007/s10902-006-9018-1
- Deegan, P. (1996). Recovery as a journey of the heart. *Psychiatric Rehabilitation Journal, 19*(3), 91-97. doi:10.1037/h0101301
- Deegan, P. (2005). The importance of personal medicine: A qualitative study of resilience in people with psychiatric disabilities. *Scandinavian Journal of Public Health, 33*(5), 29-35. doi:10.1080/14034950510033345
- Dervo, B. K., Skår, M., Køhler, B., Øian, H., Vistad, O. I., Andersen, O., & Gundersen, V. (2014). *Friluftsliv i Norge anno 2014 - status og utfordringer [Friluftsliv in Norway anno 2014 – state of knowledge and potential challenges]* (9788242626912). Retrieved from <https://www.nina.no/archive/nina/PppBasePdf/rapport/2014/1073.pdf>
- Desai, M. (2018). *Travel and movement in clinical psychology: The world outside the clinic*. London: Palgrave Macmillan UK.
- Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2007). Doing sensitive research: What challenges do qualitative researchers face? *Qualitative Research, 7*(3), 327-353. doi:10.1177/1468794107078515
- Dolezal, L. (2015). *The body and shame: Phenomenology, feminism, and the socially shaped body*. Lanham: Lexington Books.
- Drake, R., Wallach, M., & McGovern, M. (2005). Special section on relapse prevention: Future directions in preventing relapse to substance abuse among clients with severe mental illnesses. *Psychiatric Services, 56*(10), 1297-1302. doi:<https://doi.org/10.1176/appi.ps.56.10.1297>

- Duesund, L. (2003). *Kroppen i verden [The body in the world]* (Vol. 40). Linköping: Linköpings universitet.
- Duesund, L. (2007). Who is moving my body when I am moving? A phenomenology of adapted physical activity. *Sobama Journal*, 12(1), 80-87.
- Duesund, L., & Skårderud, F. (2003). Use the body and forget the body: Treating anorexia nervosa with adapted physical activity. *Clinical Child Psychology and Psychiatry*, 8(1), 53-72. doi:10.1177/1359104503008001007
- Duncan, A. E., Ziobrowski, H. N., & Nicol, G. (2017). The prevalence of past 12-month and lifetime DSM-IV eating disorders by BMI category in US men and women: BMI and eating disorders. 25, 165-171. doi:10.1002/erv.2503
- Elliot, M. L. (2012). Figured world of eating disorders: Occupations of illness. *Canadian Journal of Occupational Therapy*, 79(1), 15-22. doi:10.2182/cjot.2012.79.1.3
- Entwistle, V., & Watt, I. (2013). Treating patients as persons: A capabilities approach to support delivery of person-centered care. *The American Journal of Bioethics*, 13(8), 29-39. doi:10.1080/15265161.2013.802060
- Eriksson, M., & Lindström, B. (2011). Life is more than survival: Exploring links between Antonovsky's salutogenic theory and the concept of resilience. In K. M. Gow & J. C. Marek (Eds.), *Wayfinding through life's challenges: Coping and survival* (pp. 31-46). New York: Nova Science Publishers, Inc.
- Evans, J., & Jones, P. (2011). The walking interview: Methodology, mobility and place. *Applied Geography*, 31(2), 849-858. doi:10.1016/j.apgeog.2010.09.005
- Ewert, A. W., Mitten, D., & Overholt, J. R. (2014). *Natural environments and human health*. Wallingford: CABI.
- Faulkner, A. (2004). *The ethics of survivor research: Guidelines for the ethical conduct of research carried out by mental health service users and survivors* (1861346417). Retrieved from <https://www.irf.org.uk/report/ethics-survivor-research-guidelines-ethical-conduct-research-carried-out-mental-health>
- Ferneer, C. R., Gabrielsen, L. E., Andersen, A. J. W., & Mesel, T. (2016). Therapy in the open air: Introducing wilderness therapy to adolescent mental health services in Scandinavia. *Scandinavian Psychologist*, 2(e14). doi:<https://doi.org/10.15714/scandpsychol.2.e14>
- Ferneer, C. R., Mesel, T., Andersen, A. J. W., & Gabrielsen, L. E. (2019). Therapy the natural way: A realist exploration of the wilderness therapy treatment process in adolescent mental health care in Norway. *Qualitative Health Research*, 29(9), 1358-1377. doi:10.1177/1049732318816301
- Finlay, L. (2002). 'Outing' the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12(4), 531-545.
- Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & practice*, 3(1), 6-25. doi:10.29173/pandpr19818
- Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world*. Hoboken, NJ: Wiley.
- Finlay, L. (2012). Five lenses for the reflexive interviewer. In J. F. Gubrium, J. A. Holstein, A. B. Marvasti, & K. D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 317-331). Thousand Oaks, Calif: SAGE.

- Finlay, L. (2013). Unfolding the phenomenological research process: Iterative stages of 'seeing afresh'. *The Journal of humanistic psychology, 53*(2), 172-201. doi:10.1177/0022167812453877
- Fisher, P., & Freshwater, D. (2015). An emancipatory approach to practice and qualitative inquiry in mental health: Finding 'voice' in Charles Taylor's ethics of identity. *Ethics and Social Welfare, 9*(1), 2-17. doi:10.1080/17496535.2014.884611
- Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Aust N Z J Psychiatry, 36*(6), 717-732. doi:10.1046/j.1440-1614.2002.01100.x
- Franco, L. S., Shanahan, D. F., & Fuller, R. A. (2017). A review of the benefits of nature experiences: More than meets the eye. *International Journal of Environmental Research and Public Health, 14*(8), 864. doi:10.3390/ijerph14080864
- Frank, A. W. (2005). What is dialogical research, and why should we do it? *Qualitative Health Research, 15*(7), 964-974. doi:10.1177/1049732305279078
- Fugelli, P., & Ingstad, B. (2009). *Helse på norsk: God helse slik folk ser det [Health in a Norwegian perspective: Good health from a public opinion]*. Oslo: Gyldendal akademisk.
- Gabrielsen, L. E., & Fernee, C. R. (2014). Psykisk helsearbeid i naturen - friluftsliv inspirert av vår historie og identitet [Nature-based mental health work - friluftsliv as inspired by our history and identity]. *Tidsskrift for psykisk helsearbeid*(04), 358-367.
- Gadamer, H.-G. (1989). *Truth and method* (2nd ed.). London: Sheed & Ward.
- Galmiche, M., Déchelotte, P., Lambert, G., & Tavolacci, M. P. (2019). Prevalence of eating disorders over the 2000–2018 period: A systematic literature review. *The American Journal of Clinical Nutrition, 109*, 1402-1413.
- Gelter, H. (2000). Friluftsliv: The Scandinavian philosophy of outdoor life. *Canadian Journal of Environmental Education (CJEE), 5*(1), 77-92.
- Glover, H. (2009). Hvordan skille mellom likeverdig og symbolsk medvirkning i forskning [How do we separate equal from symbolic participation in research]. In M. Borg & K. Kristiansen (Eds.), *Medforskning - å forske sammen for kunnskap om psykisk helse [Participatory research - researching together to generate knowledge about mental health]* (pp. 41-52). Oslo: Universitetsforlaget.
- Grant, A. (2010). Writing the reflexive self: An autoethnography of alcoholism and the impact of psychotherapy culture. *Journal of Psychiatric and Mental Health Nursing, 17*(7), 577-582. doi:10.1111/j.1365-2850.2010.01566.x
- Grant, A. (2014). Troubling 'lived experience': A post-structural critique of mental health nursing qualitative research assumptions. *Journal of Psychiatric and Mental Health Nursing, 21*(6), 544-549. doi:10.1111/jpm.12113
- Guillemin, M., & Gillam, L. (2016). Ethics, reflexivity, and 'ethically important moments' in research. *Qualitative Inquiry, 10*(2), 261-280. doi:10.1177/1077800403262360
- Guillemin, M., & Heggen, K. (2009). Rapport and respect: Negotiating ethical relations between researcher and participant. *A European Journal, 12*(3), 291-299. doi:10.1007/s11019-008-9165-8

- Gullestad, M. (1989a). *Kultur og hverdagsliv: På sporet av det moderne Norge [Culture and everyday life: On track of modern Norway]*. Oslo: Universitetsforlaget.
- Gullestad, M. (1989b). The meaning of nature as a cultural category in Norwegian everyday life. *Folk*, 31, 171-181.
- Gullestad, M. (1989c). Small facts and large issues: The anthropology of contemporary Scandinavian society. *Annual Review of Anthropology*, 18, 71-93. doi:<https://doi.org/10.1146/annurev.an.18.100189.000443>
- Gullslett, M. K., Stubben, K., & Lofthus, A. M. (2018). Samarbeidsbasert forskning - grunnlag for økt demokrati, likeverighet og bedring? Erfaringer fra en kompetansegruppe [Participatory research - a foundation for increased democracy, equality and recovery? Experiences from a competence group]. In B. Karlsson & M. Borg (Eds.), *Perspektiver på psykisk helse- og rusarbeid: Recovery, erfaringsbasert kunnskap og samarbeidsbasert kunnskapsutvikling [Perspectives on mental health and substance abuse: Recovery, experienced based knowledge and participatory development of knowledge]* (pp. 149-160). Bergen: Fagbokforlaget.
- Gurholt, K. P. (1999). *'Det har bare vært naturlig!': Friluftsliv, kjønn og kulturelle brytninger [It's just natural!': Friluftsliv, gender and cultural refractions]*. (Unpublished doctoral dissertation), Høgskolen i Finnmark, Alta.
- Gurholt, K. P. (2008a). Norwegian friluftsliv and ideals of becoming an 'educated man'. *Journal of Adventure Education & Outdoor Learning*, 8(1), 55-70. doi:10.1080/14729670802097619
- Gurholt, K. P. (2008b). Norwegian friluftsliv as bildung: A critical review. In P. Becker & J. Schirp (Eds.), *Other ways of learning: the European Institute for outdoor adventure and experiential learning 1996-2006* (pp. 131-154). Marburg: bsj.
- Gurholt, K. P. (2014). Joy of nature, "friluftsliv" education and self: Combining narrative and cultural-ecological approaches to environmental sustainability. *Journal of Adventure Education and Outdoor Learning*, 14(3), 233-246. doi:10.1080/14729679.2014.948802
- Gurholt, K. P., & Haukeland, P. I. (2020). Scandinavian friluftsliv (outdoor life) and the Nordic model: Passions and paradoxes. In M. B. Tin, F. Telseth, J. O. Tangen, & R. Giulianotti (Eds.), *The Nordic model and physical culture* (pp. 165-181). London: Routledge.
- Gyollai, D. (2019). Getting into it in the wrong way: Interpretative phenomenological analysis and the hermeneutic circle. *Nursing Philosophy*, 21(2), e12294-n/a. doi:10.1111/nup.12294
- Haluza, D., Schönbauer, R., & Cervinka, R. (2014). Green perspectives for public health: A narrative review on the physiological effects of experiencing outdoor nature. *International Journal of Environmental Research and Public Health*, 11(5), 5445-5461. doi:10.3390/ijerph110505445
- Harper, N., Carpenter, C., & Segal, D. (2011). Self and place: Journeys in the land. *Ecopsychology*, 4(4), 319-325. doi:10.1089/eco.2012.0060
- Hartig, T., Mitchell, R., de Vries, S., & Frumkin, H. (2014). Nature and health. *Annual Review of Public Health*, 35(1), 207-228. doi:10.1146/annurev-publhealth-032013-182443

- Haukeland, P. I., & Næss, A. (2008). *Dyp glede: Med Arne Næss inn i dypøkologien [Deep joy: With Arne Næss into deep ecology]*. Oslo: Flux forlag.
- Hay, P., Chinn, D., Forbes, D., Madden, S., Newton, R., Sugenor, L., . . . Ward, W. (2014). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. *Australian & New Zealand Journal of Psychiatry*, 48(11), 977-1008. doi:10.1177/0004867414555814
- Heitmann, E. (2020). Du er litt spiseforstyrret enda – ikke sant? [You are still eating disordered – aren't you?]. <https://nettros.no/du-er-litt-spiseforstyrret-enda-ikke-sant/>
- Henderson, B., & Vikander, N. (2007). *Nature first: Outdoor life the friluftsliv way*. Toronto: Natural Heritage Books.
- Hennigan, K. (2010). Therapeutic potential of time in nature: Implications for body image in women. *Ecopsychology*, 2(3), 135-141. doi:<https://doi.org/10.1089/eco.2010.0017>
- Hinds, J. (2011). Exploring the psychological rewards of a wilderness experience: An interpretive phenomenological analysis. *The Humanistic Psychologist*, 39(3), 189-205. doi:10.1080/08873267.2011.567132
- Hoek, H. W., & Van Hoeken, D. (2003). Review of the prevalence and incidence of eating disorders. *International Journal of Eating Disorders*, 34, 383-396. doi:10.1002/eat.10222
- Hofmann, A. R. (2018). *Norwegian friluftsliv: A way of living and learning in nature*. Münster: Waxmann.
- Holland, W. H., Powell, R. B., Thomsen, J. M., & Monz, C. A. (2018). A systematic review of the psychological, social, and educational outcomes associated with participation in wildland recreational activities. *Journal of Outdoor Recreation, Education, and Leadership*, 10(3), 197. doi:10.18666/JOREL-2018-V10-I3-8382
- Horgen, A. (2019). *Sikkerhet og risiko i norsk friluftsliv og naturbasert reiseliv – en kulturhistorisk studie [Safety and risk in Norwegian outdoor recreation (friluftsliv) and nature-based tourism - a cultural history study]*. (Unpublished doctoral dissertation), Universitetet i Sørøst-Norge, Bø i Telemark.
- Humberstone, B. (2019). Embodied life-long learning in nature, narratives and older bodies - 'quit or crash'. *Journal of Adventure Education and Outdoor Learning: Ageing, adventure and the outdoors: issues, contexts, perspectives and learning*, 19(2), 101-110. doi:10.1080/14729679.2018.1515088
- Hummelvoll, J. K., Karlsson, B., & Borg, M. (2015). Recovery and person-centredness in mental health services: Roots of the concepts and implications for practice. *International Practice Development Journal*, 5, 1-8.
- Høiseth, J. R. (2020). Spør oss heller hvordan vi har det enn hvor mye vi veier: Brukererfaringer i møte med helsevesenet [Ask us rather how we are than what our weight is: User experiences in meeting with health care service]. In Ø. Rø, T. W. Hage, & V. W. Torsteinsson (Eds.), *Spiseforstyrrelser: Forståelse og behandling: En håndbok [Eating disorders: Understanding and treatment: A handbook]* (pp. 29-33). Bergen: Fagbokforlaget.
- Ingold, T. (2000). *The perception of the environment: Essays on livelihood, dwelling and skill*. London: Routledge.

- Jacobsen, B., Tanggaard, L., & Brinkmann, S. (2015). Fænomenologi [Phenomenology]. In S. Brinkmann & L. Tanggaard (Eds.), *Kvalitative metoder: En grundbog [Qualitative methods: An introduction]* (pp. 217-239). København: Hans Reitzels Forlag.
- Jennings, H., Slade, M., Bates, P., Munday, E., & Toney, R. (2018). Best practice framework for Patient and Public Involvement (PPI) in collaborative data analysis of qualitative mental health research: Methodology development and refinement. *BMC Psychiatry*, *18*(1), 213-213. doi:10.1186/s12888-018-1794-8
- Jirásek, I., & Turcova, I. (2017). The Czech approach to outdoor adventure and experiential education: The influence of Jaroslav Foglar's work. *Journal of Adventure Education and Outdoor Learning*, *17*(4), 321-337. doi:10.1080/14729679.2017.1344557
- Jóhannesdóttir, G. R., & Thorgeirsdóttir, S. (2016). Reclaiming nature by reclaiming the body. *Balkan Journal of Philosophy*, *VIII*(1), 39-48.
- Kaplan, S. (1995). The restorative benefits of nature: Toward an integrative framework. *Journal of Environmental Psychology*, *15*(3), 169-182. doi:10.1016/0272-4944(95)90001-2
- Karlsen, K. E., Vrabel, K.-A., Bratland-Sanda, S., Ulleberg, P., & Benum, K. (2018). Effect of yoga in the treatment of eating disorders: A single-blinded randomized controlled trial with 6-months follow-up. *International Journal of Yoga*, *11*, 166-169. doi:https://doi.org/10.4103/ijoy.IJOY_3_17
- Kellert, S. R. (1993). Introduction. In S. R. Kellert & E. O. Wilson (Eds.), *The biophilia hypothesis* (pp. 20-26). Washington DC: Island Press.
- Kellert, S. R., & Wilson, E. O. (1993). *The biophilia hypothesis*. Washington, DC: Island Press.
- Keniger, L., Gaston, K., Irvine, K., & Fuller, R. (2013). What are the benefits of interacting with nature? *International Journal of Environmental Research & Public Health*, *10*, 913-935. doi:<https://doi.org/10.3390/ijerph10030913>
- Kjellgren, A., & Buhrkall, H. (2010). A comparison of the restorative effect of a natural environment with that of a simulated natural environment. *Journal of Environmental Psychology*, *30*(4), 464-472. doi:10.1016/j.jenvp.2010.01.011
- Klepp, I. G. (1998). *På stier mellom natur og kultur: Turgåeres opplevelser av kulturlandskapet og deres synspunkter på vern [On paths between nature and culture: Hikers' experiences with the cultural landscape and their perspectives on conservation]*. (Unpublished doctoral dissertation), Det historisk-filosofiske fakultet, Oslo.
- Klevan, T., Karlsson, B., & Ruud, T. (2017). 'At the extremities of life' - Service user experiences of helpful help in mental health crises. *American Journal of Psychiatric Rehabilitation*, *20*(2), 87-105. doi:10.1080/15487768.2017.1302370
- Klima- og miljødepartementet. (2016). *Friluftsliv: Natur som kilde til helse og livskvalitet [Friluftsliv: Nature as a source for health and quality of life]*. Klima- og miljødepartementet
- Knopf, R. C. (1987). Human behavior, cognition and affect in the natural environment. In D. Stokols & I. Altman (Eds.), *Handbook of Environmental psychology* (pp. 783-825). New York: John Wiley & Sons.

- Korpela, K., Ylen, M., Tyrvaainen, L., Silvennoinen, H., & Korpela, K. (2008). Determinants of restorative experiences in everyday favorite places. *Health & Place, 14*(4), 636-652. doi:10.1016/j.healthplace.2007.10.008
- Kurtze, N., Eikemo, T. A., & Hem, K.-G. (2009). *Analyse og dokumentasjon av friluftslivets effekt på folkehelse og livskvalitet [Analysis and report on healthrelated effects and quality of life from participation in friluftsliv]* (SINTEF rapport A11851). Retrieved from <https://norskfriluftsliv.no/wp-content/uploads/2015/01/SINTEF-Rapport-Friluftsliv-og-helse-desember-2009.pdf>
- Kusenbach, M. (2003). Street phenomenology: The go-along as ethnographic research tool. *Ethnography, 4*(3), 455-485. doi:<https://doi.org/10.1177/146613810343007>
- Kvale, S. (1995). The Social Construction of Validity. *Qualitative Inquiry, 1*(1), 19-40. doi:10.1177/107780049500100103
- Kvale, S. (2006). Dominance through interviews and dialogues. *Qualitative Inquiry, 12*(3), 480-500. doi:10.1177/1077800406286235
- Kvale, S., & Brinkmann, S. (2009). *Det kvalitative forskningsintervju [Qualitative research interviews]* (2nd ed.). Oslo: Gyldendal akademisk.
- Lamarre, A., & Rice, C. (2017). Hashtag recovery: #Eating disorder recovery on instagram. *Social Sciences, 6*(68), 1-15. doi:10.3390/socsci6030068
- Larkin, M., & Griffiths, M. D. (2009). Experiences of addiction and recovery: The case for subjective accounts. *Addiction Research & Theory, 10*(3), 281-311. doi:10.1080/16066350211866
- Larsen, I. B., & Topor, A. (2017). A place for the heart: A journey in the post-asylum landscape. Metaphors and materiality. *Health and Place, 45*, 145-151.
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International journal of qualitative methods, 2*(3), 21-35. doi:<https://doi.org/10.1177/160940690300200303>
- Leder, D. (1990). *The absent body*. Chicago: University of Chicago Press.
- Lewer, M., Bauer, A., Hartmann, A. S., & Vocks, S. (2017). Different facets of body image disturbance in binge eating disorder: A review. *Nutrients, 9*(12), 1294. doi:10.3390/nu9121294
- Lexico. (2020). Meaning of recovery in English. Retrieved from <https://www.lexico.com/definition/recovery>
- Lindseth, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences, 18*(2), 145-153. doi:10.1111/j.1471-6712.2004.00258.x
- Makino, M., Tsuboi, K., & Dennerstein, L. (2004). Prevalence of eating disorders: A comparison of Western and non-Western countries. *MedGenMed, 6*(3), 49.
- Malterud, K. (2011). *Kvalitative metoder i medisinsk forskning: En innføring [Qualitative methods in medical research: An introduction]* (3rd ed.). Oslo: Universitetsforl.
- Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies. *Qualitative Health Research, 26*(13), 1753-1760. doi:10.1177/1049732315617444

- Matoff, M., & Matoff, S. (2001). Eating disorder recovery: Learning from the client's healing journey. *Women & Therapy, 23*(4), 43-54. doi:https://doi.org/10.1300/J015v23n04_04
- Matusek, J. A., & Knudson, R. M. (2009). Rethinking recovery from eating disorders: Spiritual and political dimensions. *Qualitative Health Research, 19*(5), 697-707. doi:10.1177/1049732309334077
- Mayer, F. S., Frants, C. M., Bruehlman-Senecal, E., & Dolliver, K. (2009). Why is nature beneficial?: The role of connectedness to nature. *Environment and Behavior, 41*(5), 607-643. doi:10.1177/0013916508319745
- McCormack, B., & McCance, T. (2016). *Person-centred practice in nursing and health care: Theory and practice* (2nd ed.). Chichester: Wiley-Blackwell.
- McCormack, B., & Titchen, A. (2014). No beginning, no end: An ecology of human flourishing. *International Practice Development Journal, 4*(2), n/a.
- Merleau-Ponty, M. (1962). *Phenomenology of perception*. London: Routledge.
- Merleau-Ponty, M. (1994). *Kroppens fenomenologi [Phenomenology of the body]*. Oslo: Pax.
- Merleau-Ponty, M. (2003). *Nature: Course notes from the Collège de France*. Evanston, IL: Northwestern University Press.
- Mezzina, R., Borg, M., Marin, I., Sells, D., Topor, A., & Davidson, L. (2006). From participation to citizenship: How to regain a role, a status, and a life in the process of recovery. *American Journal of Psychiatric Rehabilitation, 9*(1), 39-61. doi:10.1080/15487760500339428
- Mitchison, D., Mond, J., Slewa-Younan, S., & Hay, P. (2013). The prevalence and impact of eating disorder behaviours in Australian men. *Journal of Eating Disorders, 1*(Suppl 1), O23. doi:10.1186/2050-2974-1-S1-O23
- Mitten, D., & D'amore, C. (2018). The nature of body image: The relationship between women's body image and physical activity in natural environments. In D. A. Vakoch & S. Mickey (Eds.), *Women and Nature? Beyond Dualism in Gender, Body and Environment* (pp. 96-116). New York: Routledge.
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *Journal of Clinical Epidemiology, 62*(10), 1006-1012. doi:10.1016/j.jclinepi.2009.06.005
- Moltu, C., Stefansen, J., Svisdahl, M., & Veseth, M. (2012). Negotiating the coresearcher mandate service users experiences of doing collaborative research on mental health. *Disability and Rehabilitation, 34*(19), 1608-1616. doi:10.3109/09638288.2012.656792
- Morgan, S., & Yoder, L. H. (2012). A concept analysis of person-centered care. *Journal of Holistic Nursing, 30*(1), 6-15. doi:10.1177/0898010111412189
- Moules, N. J. (2002). Hermeneutic inquiry: Paying heed to history and hermes an ancestral, substantive, and methodological tale. *International journal of qualitative methods, 1*(3), 1-21. doi:10.1177/160940690200100301
- Mudry, T., Nepustil, P., & Ness, O. (2019). The relational essence of natural recovery: Natural recovery as relational practice. *International Journal of Mental Health and Addiction, 17*(2), 191-205. doi:10.1007/s11469-018-0010-x

- Murray, S. J., & Holmes, D. (2013). Interpretive phenomenological analysis (IPA) and the ethics of body and place: Critical methodological reflections. *Human studies*, 37(1), 15-30. doi:10.1007/s10746-013-9282-0
- Mygind, L., Kjeldsted, E., Hartmeyer, R. D., Mygind, E., Bølling, M., & Bentsen, P. (2019). Immersive nature-experiences as health promotion interventions for healthy, vulnerable, and sick populations? A systematic review and appraisal of controlled studies. *Frontiers in Psychology*, 10, 943. doi:10.3389/fpsyg.2019.00943
- Natvik, E., & Moltu, C. (2016). Just experiences?: Ethical contributions of phenomenologically-oriented research. *Scandinavian psychologist [elektronisk ressurs]*, 14-14. doi:<https://doi.org/10.15714/scandpsychol.3.e17>
- Nedrelid, T. (1992). Friluftslivet og vår nasjonale selvforståelse [Friluftsliv and our national self understanding]. *Nytt norsk tidsskrift*, 9(3), 281-288.
- NVivo. (Version 12, 2018). [Computer Software Program]: QSR International.
- Næss, A. (1976). *Økologi, samfunn og livsstil: Utkast til en økosofi [Ecology, society and lifestyle: Draft of an ecosophy]* (5th ed.). Oslo: Universitetsforl.
- Næss, A. (1988). Self-realization: An ecological approach to being in the world. In (pp. 19-30). Philadelphia: New Society Publishers.
- Næss, A. (1989). Ecosophy and gestalt ontology. *The Trumpeter*, 6(4).
- Ottosson, J. (2001). The importance of nature in coping with a crisis: A photographic essay. *Landscape Research*, 26(2), 165-172. doi:10.1080/01426390120045436
- Patching, J., & Lawler, J. (2009). Understanding women's experiences of developing an eating disorder and recovering: A life-history approach. *Nursing Inquiry*, 16(1), 10-21. doi:10.1111/j.1440-1800.2009.00436.x
- Pettersen, G. (2007). *Eating disorders: Studies of understanding and recovery*. (Unpublished doctoral dissertation), Norwegian University of Science and Technology, Trondheim.
- Pettersen, G., & Rosenvinge, J. H. (2002). Improvement and Recovery from Eating Disorders: A Patient Perspective. *Eating Disorders*, 10(1), 61-71. doi:10.1002/erv.425
- Pike, K. M., & Dunne, P. E. (2015). The rise of eating disorders in Asia: A review. *Journal of Eating Disorders*, 3(1), 33. doi:10.1186/s40337-015-0070-2
- Pillow, W. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education*, 16(2), 175-196. doi:10.1080/0951839032000060635
- Price-Robertson, R., Obradovic, A., & Morgan, B. (2017). Relational recovery: Beyond individualism in the recovery approach. *Advances in Mental Health*, 15(2), 108-120. doi:10.1080/18387357.2016.1243014
- Redenbach, J., & Lawler, J. (2003). Recovery from disordered eating: What life histories reveal. *Contemporary Nurse*, 15(1-2), 148-156. doi:10.5172/conu.15.1-2.148
- Reed, P., & Rothenberg, D. (1993). *Wisdom in the open air: The Norwegian roots of deep ecology*. Minneapolis, MN: University of Minnesota Press.

- Rhodes, C., & Carlsen, A. (2018). The teaching of the other: Ethical vulnerability and generous reciprocity in the research process. *Human Relations, 71*(10), 1295-1318. doi:10.1177/0018726717741530
- Riese, H., & Vorkinn, M. (2002). The production of meaning in outdoor recreation: A study of Norwegian practice. *Norsk Geografisk Tidsskrift/Norwegian Journal of Geography, 56*(3), 199-206. doi:10.1080/00291950260293020
- Rocca, E., & Anjum, R. L. (2020). Complexity, reductionism and the biomedical model. In R. L. Anjum, S. Copeland, & E. Rocca (Eds.), *Rethinking causality, complexity and evidence for the unique patient* (pp. 75-94). Cham: Springer.
- Rogers, C. R. (1979). The foundations of the person-centered approach. *Education, 100*(2), 98-107.
- Rose, D. (2003). Collaborative research between users and professionals: Peaks and pitfalls. *Psychiatric Bulletin, 27*(11), 404-406. doi:10.1192/pb.27.11.404
- Rosenvinge, J. H., & Gøttestam, K. G. (2002). Spiseforstyrrelser - hvordan bør behandlingen organiseres? [Eating disorders - how should treatment be organized?]. *Tidsskrift for Den norske legeforening, 122*(3), 285-288.
- Rø, Ø. (2020a). Hva er spiseforstyrrelser? [What are eating disorders?]. In Ø. Rø, T. W. Hage, & V. W. Torsteinsson (Eds.), *Spiseforstyrrelser: Forståelse og behandling: En håndbok [Eating disorders: Understanding and treatment: A handbook]* (pp. 43-53). Bergen: Fagbokforlaget.
- Rø, Ø. (2020b). Om å bli frisk [About recovery]. In Ø. Rø, T. W. Hage, & V. W. Torsteinsson (Eds.), *Spiseforstyrrelser: Forståelse og behandling: En håndbok [Eating disorders: Understanding and treatment: A handbook]* (pp. 318-323). Bergen: Fagbokforlaget.
- Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research revisited. *Advances in Nursing Science, 16*(2), 1-8. doi:10.1097/00012272-199312000-00002
- Sands, S. (2016). Eating disorder treatment as a process of mind-body integration: Special challenges for women. *Clinical Social Work Journal, 44*(1), 27-37. doi:10.1007/s10615-015-0540-7
- Saxena, S., & Setoya, Y. (2014). World Health Organization's comprehensive mental health action plan 2013-2020. *Psychiatry and Clinical Neurosciences, 68*(8), 585. doi:10.1111/pcn.12207
- Schweitzer, R. D., Glab, H., & Brymer, E. (2018). The human-nature experience: A phenomenological-psychoanalytic perspective. *Frontiers in Psychology, 9*(969), 1-12. doi:10.3389/fpsyg.2018.00969
- Shusterman, R. (2012). *Thinking through the body: Essays in somaesthetics*. Cambridge: Cambridge University Press.
- Skatvedt, A. (2017). The importance of 'empty gestures' in recovery: Being human together. *Symbolic Interaction, 40*(3), 396-413. doi:10.1002/symb.291
- Skår, M. (2010). *Experiencing nature in everyday life*. (Unpublished doctoral dissertation), Norwegian University of Life Sciences, Trondheim.
- Skår, M., & Krogh, E. (2010). Opplevelse av natur og tid i hverdagslivet [Experiences with nature and time in everyday life]. *Tidsskrift for kulturforskning, 9*(3).

- Slade, M. (2009). The contribution of mental health services to recovery. *Journal of mental health (Abingdon, England)*, 18(5), 367-371. doi:10.3109/09638230903191256
- Slade, M., Leamy, M., Bacon, F., Janosik, M., Le Boutillier, C., Williams, J., & Bird, V. (2012). International differences in understanding recovery: Systematic review. *Epidemiology and Psychiatric Sciences*, 21(4), 353-364. doi:10.1017/S2045796012000133
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9-27. doi:10.1080/17437199.2010.510659
- Smith, J. A., & Eatough, V. (2007). Interpretative phenomenological analysis. In E. C. Lyons, A. (Ed.), *Analysing Qualitative Data in Psychology* (pp. 35-50): SAGE Publications, Ltd.
- Smith, J. A., Larkin, M., & Flowers, P. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Los Angeles: SAGE.
- Sop Shin, W. (2007). The influence of forest view through a window on job satisfaction and job stress. *Scandinavian Journal of Forest Research*, 22(3), 248-253. doi:10.1080/02827580701262733
- Strauss, J. S. (1989). Mediating processes in schizophrenia: Towards a new dynamic psychiatry. *The British Journal of Psychiatry*, 155(S5), 22-28.
- Söderlund, J., & Newman, P. (2017). Improving mental health in prisons through biophilic design. *The Prison journal*, 97(6), 750-772. doi:10.1177/0032885517734516
- Taylor, N., Wright, J., & O'Flynn, G. (2018). Embodied encounters with more-than-human nature in health and physical education. *Sport, Education and Society*, 24(9), 914-924. doi:10.1080/13573322.2018.1519785
- Tee, S. R., & Lathlean, J. A. (2004). The ethics of conducting a co-operative inquiry with vulnerable people. *Journal of Advanced Nursing*, 47(5), 536-543. doi:10.1111/j.1365-2648.2004.03130.x
- Thoresen, L., Rugseth, G., & Bondevik, H. (2020). *Fenomenologi i helsefaglig forskning [Phenomenology in healthrelated research]*. Oslo: Universitetsforlaget.
- Thøgersen, U. (2004). *Krop og fænomenologi: En introduktion til Maurice Merleau-Pontys filosofi [Body and phenomenology: An introduction to the philosophy of Maurice Merleau-Ponty]*. Århus: Systime Academic.
- Topor, A., Borg, M., Di Girolamo, S., & Davidson, L. (2011). Not just an individual journey: Social aspects of recovery. *The International journal of social psychiatry*, 57(1), 1-10. doi:10.1177/0020764010345062
- Topor, A., Bøe, T., & Larsen, I. (2018). Small things, micro-affirmations and helpful professionals everyday recovery-orientated practices according to persons with mental health problems. *Community Mental Health Journal*, 54(8), 1212-1220. doi:10.1007/s10597-018-0245-9
- Tordsson, B. (2010). *Friluftsliv, kultur og samfunn [Friluftsliv, culture and society]*. Kristiansand: Høyskoleforl.
- Trangsrud, L. K. J. (2020). Naturen lar deg bare være som du er [Nature welcomes you the way you are]. *ROSinfo(2)*, 14-15.

- Trigwell, J. L., Francis, A. J. P., & Bagot, K. L. (2014). Nature connectedness and eudaimonic well-being: Spirituality as a potential mediator. *Ecopsychology, 6*(4), 241-251. doi:10.1089/eco.2014.0025
- Twohig-Bennett, C., & Jones, A. (2018). The health benefits of the great outdoors: A systematic review and meta-analysis of greenspace exposure and health outcomes. *Environmental Research, 166*, 628-637. doi:10.1016/j.envres.2018.06.030
- Tylka, T. L., & Piran, N. (2019). Focusing on the positive: An introduction to the volume. In T. L. Tylka & N. Piran (Eds.), *Handbook of positive body image and embodiment* (pp. 1-8). New York: Oxford University Press.
- Tøssebro, J., & Wendelborg, C. (2014). *Oppvekst med funksjonshemming: Familie, livsløp og overganger [Growing up with a disability: Family, life cycle and transitions]*. Oslo: Gyldendal akademisk.
- Ulrich, R. S. (1984). View through a window may influence recovery from surgery. *Science, 224*(4647), 420-421. doi:10.1126/science.6143402
- van Heezik, Y., & Brymer, E. (2018). Nature as a commodity: What's good for human health might not be good for ecosystem health. *Frontiers in Psychology, 9*, 1673. doi:10.3389/fpsyg.2018.01673
- van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press.
- van Manen, M. (2017). But Is It phenomenology? *Qualitative Health Research, 27*(6), 775-779. doi:10.1177/1049732317699570
- Veseth, M., Binder, P.-E., Borg, M., & Davidson, L. (2017). Collaborating to stay open and aware: Service user involvement in mental health research as an aid in reflexivity. *Nordic Psychology, 69*(4), 256-263. doi:10.1080/19012276.2017.1282324
- Wensley, R., & Slade, A. (2012). Walking as a meaningful leisure occupation: The implications for occupational therapy. *The British Journal of Occupational Therapy, 75*(2), 85-92. doi:10.4276/030802212x13286281651117
- Whittemore, R., Chase, S. K., & Mandle, C. L. (2001). Validity in qualitative research. *Qualitative Health Research, 11*(4), 522-537. doi:10.1177/104973201129119299
- World Health Organization. (1986). *Ottawa charter for health promotion*. Paper presented at the First International Conference on Health Promotion, November, 1986, Ottawa.
- World Health Organization. (2015). *WHO global strategy on people-centred and integrated health services*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/155002/WHO_HIS_SDS_2015.6_eng.pdf;jsessionid=0EA0175AE628483A69FA73D0B56E011B?sequence=1
- World Health Organization. (2018). Mental health: Strengthening our response. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- World Health Organization. (2019). *Person-centred recovery planning for mental health and well-being self-help tool*. WHO Quality Rights. Retrieved from <https://www.who.int/publications-detail/who-qualityrights-self-help-tool>

- Zahavi, D. (2003). *Fænomenologi [Phenomenology]*. Frederiksberg: Roskilde Universitetsforlag.
- Zahavi, D. (2018). Getting it quite wrong: van Manen and Smith on phenomenology. *Qualitative Health Research*, 1049732318817547. doi:10.1177/1049732318817547

APPENDICES

APPENDIX I: RECRUITMENT FLYER

APPENDIX II: INFORMATION FOR THE PARTICIPANTS IN THE STUDY

APPENDIX III: DEMOGRAPHIC SCHEME

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APPENDIX V: THEMATIC GUIDE FOR THE INTERVIEWS

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APPENDIX I

APPENDIX I: RECRUITMENT FLYER



FRILUFTSLIV OG SPISEFORSTYRRELSER

VIL DU BIDRA MED DINE ERFARINGER I ET DOKTORGRADSPROSJEKT OM FRILUFTSLIV OG NATUROPPLEVELSER?

Mange mennesker har et forhold til det å være ute i naturen. Likevel har vi ikke så mye forskning knyttet til forholdet mellom friluftsliv, naturopplevelser og psykisk helse. Derfor har vi utviklet et doktorgradsprosjekt for å lære mer om hvilken betydning naturen kan ha i bedringsprosesser ved spiseforstyrrelser. Vi vil gjerne undersøke dette sammen med **kvinner og menn** som har erfaringer med **bulimi og/eller overspising**, og som har erfaringer med **natur og friluftsliv**. Studien foregår individuelt.

For mer informasjon eller spørsmål ta kontakt på e-post: LT@USN.NO

All informasjon om deltakere vil selvsagt bli behandlet konfidensielt. Du vil være anonymisert og ikke gjenkjennbar i noe publisert materiale.

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APPENDIX II

APPENDIX II: INFORMATION FOR THE PARTICIPANTS IN THE STUDY

FORESPØRSEL OM DELTAKELSE I FORSKNINGSPROSJEKTET

FRILUFTSLIV OG NATUROPPLEVELSER SOM RECOVERY FOR PERSONER MED SPISEFORSTYRRELSER

BAKGRUNN OG FORMÅL

Friluftsliv og naturopplevelser fremheves ofte som et viktig bidrag til helse og livskvalitet for den norske befolkningen. De siste årene har også internasjonal forskning i økende grad dokumentert at kontakt med naturen fungerer stressreducerende, har en rekke positive effekter som økt selvværd og selvfølelse og bidrar til bedringsprosesser for personer med helseutfordringer. Likevel er det få studier som utforsker forholdet mellom friluftsliv, naturopplevelser og psykisk helse fra et brukerperspektiv.

Dette prosjektet er en del av en doktorgradsavhandling innenfor personorientert helsearbeid ved Høgskolen i Sørøst-Norge. Mitt navn er Lise Trangsrud og jeg er stipendiat. Mine veiledere er professor Marit Borg og førsteamanuensis Solfrid Bratland-Sanda. Vi er alle tilknyttet Høgskolen i Sørøst-Norge. Til prosjektet er det etablert en kompetansegruppe bestående av 5 personer med egenerfaring i forhold til psykiske helseutfordringer. Kompetansegruppen har bidratt blant annet i forhold til utformingen av tema for intervjuene og har en rådgivende funksjon gjennom prosjektperioden.

Formålet med prosjektet er å utforske hvilke erfaringer personer med spiseforstyrrelser har med friluftsliv og naturopplevelser, og hvordan friluftsliv kan fremme og/eller hemme deres bedringsprosesser i hverdagen. Studien baserer seg på kvalitative intervju med personer som har erfaringer med bulimi og/eller overspisingslidelse. I hovedsak rekrutteres deltakere til studien gjennom ROS Rådgivning om spiseforstyrrelser.

HVA INNEBÆRER PROSJEKTET?

Jeg vil gjerne snakke med deg som har en interesse for natur og friluftsliv. Dine refleksjoner, opplevelser og erfaringer vil være viktig og nyttig kunnskap for denne studien.

Studien innebærer at vi går en tur eller gjør noe annet sammen ute i naturen. Du bestemmer hva du har lyst til at vi skal gjøre. Det kan for eksempel være å gå en tur i ditt nærområde. Dersom det er noe jeg lurer på eller ønsker at vi utdyper videre er det fint om jeg kan ta kontakt for et nytt møte et par uker senere eller en samtale på telefon. Jeg kommer også til å be om noen generelle bakgrunnsopplysninger.

HVA SKJER MED INFORMASJONEN OM DEG?

Det vil bare være deg som deltaker og undertegnede til stede på turen og under et eventuelt senere intervjuet. Som støtte for å huske hva som blir sagt vil det bli gjort lydopptak, dersom du godkjenner det. Dette vil bli brukt som utgangspunkt for forskningsprosjektet, og det er kun undertegnede som vil ha tilgang til personidentifiserbare opplysninger. Som deltaker vil du bli anonymisert og du vil dermed ikke være

Informasjonsskriv til deltakere i studien

gjenkjennbar i noe publisert materiale. I analyseprosessen av det anonymiserte materialet vil veiledere og kompetansegruppen involveres. Prosjektet avsluttes i desember 2019 og datamaterialet blir da anonymisert.

Prosjektet er meldt til Personvernombudet for forskning, NSD – Norsk Senter for forskningsdata AS.

FRIVILLIG DELTAKELSE OG MULIGHET FOR Å TREKKE SITT SAMTYKKE

Det er frivillig å delta i prosjektet. Du kan når som helst og uten å oppgi noen grunn trekke ditt samtykke. Dersom du trekker deg fra prosjektet, kan du kreve å få slettet innsamlede opplysninger, med mindre opplysningene allerede er inngått i analyser eller brukt i vitenskapelige publikasjoner. Dersom du senere ønsker å trekke deg eller har spørsmål til prosjektet, kan du kontakte:

Lise Trangsrud, på telefon: 99 63 44 88 eller på epost: lt@usn.no

Jeg håper du ønsker å delta i studien. Erfaringer har vist at det ofte er en interessant og fin opplevelse å få mulighet til å reflektere høyt rundt sine erfaringer og opplevelser. Ta gjerne kontakt om det er noe du lurer på!

Vennlig hilsen,

Lise Trangsrud

SAMTYKKE TIL DELTAKELSE I PROSJEKTET

JEG HAR MOTTATT INFORMASJON OM STUDIEN, OG ER VILLIG TIL Å DELTA

Sted og dato

Deltakers signatur

Deltakers navn med trykte bokstaver

APPENDIX III

APPENDIX III: DEMOGRAPHIC SCHEME

BAKGRUNN DELTAKERE – FYLLES UT I FORBINDELSE MED INDIVIDUELLE INTERVJU

FRILUFTSLIV OG NATUROPPLEVELSER SOM RECOVERY FOR PERSONER MED
SPISEFORSTYRRELSER

Kjønn og alder

Kvinne.....

Mann.....

Fødselsår.....

Samlivsstatus

Singel.....

Kjæreste.....

Gift.....

Samboer.....

Barn.....

Nasjonalitet

.....

Utdanning

Hvilken utdanning har du?

.....

Bosituasjon

Bor sammen med foreldre..... Leier bolig..... Eier egen bolig..... Bor hos familie/venner.....

Boligsøkende..... Annet.....

Arbeidssituasjon

Vanlig arbeid.... Frivillig arbeid.... Ikke noe fast.... Skole....

Annet.....

Kommer fra (type omgivelser)

By.....

Bygd.....

Hva slags omgivelser.....

Hvor lenge har du hatt en spiseforstyrrelse?

.....

Får du hjelp nå?

Ja.....

Nei.....

Hvor får du hjelp og støtte nå?

Profesjonell

Brukerorganisasjon

Andre organisasjoner

Familie.....

Venner.....

Andre

APPENDIX IV

APPENDIX IV: OBSERVATIONAL-REFLEXIVE GUIDE

OBSERVASJONSLOGG – PHD STIPENDIAT

FRILUFTSLIV OG NATUROPPLEVELSER SOM RECOVERY FOR PERSONER MED SPISEFORSTYRRELSER

FØR TUREN

1. Hvordan er været?
2. Hvordan er min dagsform?
3. Hva er mine forventinger?

ETTER TUREN

1. Hvordan var været? Årstider?
2. Hvordan var omgivelsene/naturen der vi gikk?
3. Turens rytme: tempo, taktskifte, hvor vi går, ikke går, hvor vi stopper
4. Dyr, blomster
5. Hvordan var kroppsspråket?
6. Var det noe spesielt jeg la merke til? Luktet, hørte, så?
7. Hvordan var min rolle, mine reaksjoner?
8. Hvordan opplevde jeg at jeg påvirket den andre?
9. Hvordan var samspillet oss imellom?
10. Magefølelsen rundt hele opplevelsen?

Beskrivende notater

Reflekterende notater

APPENDIX V

APPENDIX V: THEMATIC GUIDE FOR THE INTERVIEWS

INTERVJUGUIDE FELTARBEID OG INTERVJU

FRILUFTSLIV OG NATUROPPLEVELSER SOM RECOVERY FOR PERSONER MED SPISEFORSTYRRELSER

FELTARBEID: GOING TOGETHER

INTRODUKSJON

Fokus: friluftsliv og naturopplevelser i hverdagen – erfaringer og opplevelser

- Bakgrunn for prosjektet og intervjuet jf. informasjonsskriv og prosjektbeskrivelse:
 - o Min bakgrunn som forsker
 - o Målsetting, hva jeg har behov for å innhente kunnskap om
 - Ekspert på eget liv, egne erfaringer
- Gangen i prosjektet: tur – logg – intervju (antall deltakere)
- Her og nå/feltarbeid:
 - o Temaguide: skal ikke ses som en fastlåst rekke spørsmål, men som et utgangspunkt for samtale.
 - Hensikt med temaguide: noen felles tema jeg ønsker å spørre alle deltakere om
 - Presisere at spørsmålene er åpne, det finnes ingen riktige eller gale svar.
 - o Informere om lydopptaker, anonymitet, deltagelsen er frivillig og de kan når som helst trekke seg eller la være å svare.
 - o Spørsmål før vi starter?

Tid til rådighet: ca 1-1,5 time

Utstyr: Lydopptaker, mikrofon, batterier, notatblokk, samtykkeerklæring x 2, informasjon, temaguide, klokke, førstehjelp, sitteunderlag, regntøy, pakkposer til elektronisk utstyr.

HVA MÅ JEG VÆRE OPPMERKSOM OVERFOR UNDERVEIS

- Deltakeren legger premissene for turen – være lydhør for deres ønsker
- Turens rytme: tempo, taktskifte, hvor vi går, ikke går, hvor vi stopper
- Fokus på naturopplevelse og natur, ikke sunnhet, trening, mat, kropp, sykdom etc.
- Be om å utdype konkrete hendelser og episoder – hvordan de opplevde og erfarte dette (uten å være ledende), rike beskrivelser
- Hele tiden stille oppfølgingsspørsmål – se avslutningsvis

TEMA

Utgangspunkt i frie tanker, refleksjoner, men noen kjernes spørsmål:

- Hvordan pleier du å ha det på tur?
 - o Har du lyst til at vi skal være stille eller skal vi prate litt?
- Hvorfor valgte du/hadde du lyst til å gå/være akkurat her (langs vannet, i skogen etc)?
- Hva tenker du om dette området vi er i (denne stien her etc)?
- Hva var det som gjorde at du hadde lyst til å være med i prosjektet/gå denne turen med meg?

AVSLUTNINGSVIS

- Gi informasjonsskriv med sammendrag av prosjektet, inkludert kontaktopplysninger.
- Be de notere litt etter turen og de neste ukene, som et utgangspunkt for neste gang.

SIT-DOWN INTERVJU (1-2 UKER SENERE)

INTERVJUGUIDE – INDIVIDUELLE INTERVJU

Fokus: friluftsliv og naturopplevelser i hverdagen – erfaringer og opplevelser

- Gangen i intervjuet, hva som skal foregå: utgangspunkt i notater/logg og temaguide.
- Temaguide: skal ikke ses som en fastlåst rekke spørsmål, men som et utgangspunkt for samtale.
 - o Hensikt med temaguide: noen felles tema jeg ønsker å spørre alle deltakere om
 - o Presisere at spørsmålene er åpne, det finnes ingen riktige eller gale svar.
 - o Ekspert på eget liv, egne erfaringer
- Informere om lydopptaker, anonymitet, deltagelsen er frivillig og de kan når som helst trekke seg eller la være å svare.
- Spørsmål før vi starter.

Tid til rådighet:

Utstyr: Lydopptaker, mikrofon, batterier, notatblokk, samtykkeerklæring, demografiskjema, informasjon, temaguide, klokke, førstehjelp, sitteunderlag, regntøy, pakkposer til elektronisk utstyr.

På forhånd: Lese igjennom transkripsjon, kommentarer, observasjonslogg og notater fra feltarbeid - spørsmål

HVORDAN GJØRE DET:

- Temaguide ikke en fastlåst rekke spørsmål, men et utgangspunkt. Rekkefølge vil variere, nye spørsmål kan komme til underveis.
- Bruke alminnelig hverdagspråk
- Dersom det skli ut og det er noe annet jeg gjerne ville ha spurt om, forsøke å vende tilbake til friluftsliv og naturopplevelser, men anerkjenne hva de forteller.
- Be om å utdype konkrete hendelser og episoder – hvordan de opplevde og erfarte dette (uten å være ledende), rike beskrivelser
- Innta posisjon der jeg skal lære av den andre – kan du fortelle meg litt om, hjelpe meg til å forstå etc. Be om eksempler.
- Hele tiden stille oppfølgingsspørsmål – se avslutningsvis
- Dersom de ikke har skrevet ned noen refleksjoner fra forrige gang, la de evt ta et par minutter innledningsvis og notere ned noe de tenker de vil at vi snakker om.

DEMOGRAFISKE DATA

Kjønn

Alder

Samlivsstatus (barn)

Nasjonalitet

Utdanningsnivå

Bosituasjon

Arbeidssituasjon

Kommer fra (type omgivelser: by-bygd)

Varighet spiseforstyrrelser

Mottar hjelp/ikke

TEMA

Med utgangspunkt i logg (og tentativ analyse) fra feltarbeid:

- Hvilke tanker har du gjort deg etter at vi møttes sist?
- Hvilke opplevelser satt du igjen med?

Inngangsspørsmål:

Kan du ikke fortelle meg litt om hva naturen betyr for deg i det daglige?

Utdyping/dveling

- Kan du fortelle litt om hvordan du bruker naturen?
 - o Hva gjør du? Når? Hvor?
- Kan du fortelle litt om en naturopplevelse du husker godt?
 - o Hvordan hadde du det da?
- Hvor vil du helst være? Har du et favorittsted i naturen?
- Kan du fortelle litt om hva natur er for deg? Eventuelt, hva er ikke natur?
- Hvis du ser for deg en tur slik du helst vil at den skal være, kan du beskrive den da?
 - o Hva er friluftsliv for deg?
- Hva var det som gjorde at du ble interessert i natur og friluftsliv?
 - o Husker du når det begynte?

Støtte/hindringer

- Hvilke erfaringer har du med natur og friluftsliv fra tidligere/barndommen? Gode og dårlige. Hvordan påvirker det naturopplevelsen og friluftslivet i dag?
- Har du erfaringer med natur og friluftsliv som støtte i forhold til å holde ut når ting er vanskelig?
 - o Kan du komme med noen eksempler?
- Har du erfaringer med at natur og friluftsliv kan virke motsatt? Vanskelige opplevelser eller erfaringer knyttet til friluftsliv og naturopplevelse?
- Hva er det som eventuelt hindrer deg i å komme deg ut? (Dørstokkmila, sosialt, personlig etc)
- Hva er det som motiverer? Som gjør at du vil ut i naturen?
- Hvordan ser du på situasjonen din nå?

- Er det noe du gjerne vil tilføye? Annet du vil snakke om?

FORSLAG TIL OPPFØLGINGSSPØRSMÅL SOM KAN HJELPE MEG Å FÅ TAK I DELTAKERENS OPPLEVELSER AV TUREN I STØRRE GRAD:

Inngående spørsmål:

- Kan du hjelpe meg å forstå bedre?
- Kan du si noe mer om dette?
- Har du flere eksempler på dette?
- Kan du gi meg en mer detaljert beskrivelse av hva som skjedde?
- Kan du beskrive den følelsen du fortalte om?

Mer dybde:

- Kan du fortelle litt mer?
- Kan du gi meg et eksempel?
- Hva gav deg det inntrykket, den følelsen eller lignende?

Mer detalj:

- Dette virker kanskje som en selvfølgelighet, men hvorfor ...?
- Bare så jeg skal forstå, kan du fortelle meg litt mer om hva det var som ...?

Mer forklaring:

- Hvorfor sier du det? Hvorfor tenker du det?
- Hva var det med situasjonen som gjorde at ...?

Mer klarhet:

- På hvilken måte var det skummelt? Bra/trist, fint ...
- Du sa det var spesielt. På hvilken måte var det spesielt?

Spesifiserende spørsmål:

- Hva tenkte du da?
- Hvordan reagerte du?
- Hvordan reagerte kroppen din?
- Hva gav deg det inntrykket/den følelsen?

Fortolkende spørsmål:

- Forstår jeg deg riktig hvis...?
- Kan uttrykket ... dekke det du har sagt?

APPENDIX VI

APPENDIX VI: APPROVEMENT FROM THE NORWEGIAN CENTRE FOR RESEARCH DATA

Lise Trangsrud
Institutt for helse-, sosial- og velferdsfag Høgskolen i Sørøst-Norge

3603 KONGSBERG

Vår dato: 10.05.2017

Vår ref: 53808 / 3 / AGH

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 23.03.2017. Meldingen gjelder prosjektet:

<i>53808</i>	<i>Recovery in everyday life - nature-experiences of persons with eating disorders</i>
<i>Behandlingsansvarlig</i>	<i>Høgskolen i Sørøst-Norge, ved institusjonens øverste leder</i>
<i>Daglig ansvarlig</i>	<i>Lise Trangsrud</i>

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvernombud/meld_prosjekt/meld_endringer.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 31.12.2019, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Kjersti Haugstvedt

Agnete Hessevik

Kontaktperson: Agnete Hessevik tlf: 55 58 27 97

Vedlegg: Prosjektvurdering

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.



FORMÅL

Prosjektets formål er å utforske hvilke erfaringer personer med spiseforstyrrelser har med friluftsliv og naturopplevelser, og hvordan friluftsliv kan fremme og/eller hemme deres bedringsprosesser i hverdagen.

UTVALG OG REKRUTTERING

Utvalget er personer over 18 år som har erfaring med spiseforstyrrelser og interesse for natur og friluftsliv. Deltakerne rekrutteres via brukerorganisasjonen ROS Rådgivning om spiseforstyrrelser. Personer som ønsker å delta tar selv kontakt med deg. Dette fremmer frivilligheten ved deltakelse.

DATAINNSAMLING

Datamaterialet innhentes ved feltarbeid/deltakende observasjon (Go-along metode), individuelt intervju, papirbasert spørreskjema (bakgrunnsopplysninger) og ved at deltakeren fører egen logg.

SENSITIVE OPPLYSNINGER

Det behandles sensitive personopplysninger om helseforhold.

INFORMASJON OG SAMTYKKE

Utvalget informeres skriftlig og muntlig om prosjektet og samtykker til deltakelse. Informasjonsskrivet er hovedsakelig godt utformet. Vi ber imidlertid om at følgende endres/tilføyes:

- Du bør også informere om at du vil spørre om noen bakgrunnsopplysninger om deltakeren.
- Du bør presisere at du vil samle inn og benytte i forskningsprosjektet de refleksjoner som deltakeren skriver ned (logg).
- Ifølge meldeskjemaet er prosjektslutt 31.12.2019 og det er krysset av for at datamaterialet skal anonymiseres ved denne datoen. Vi ber om at du endrer informasjonen til at alt datamateriale anonymiseres ved prosjektslutt. Fullstendig anonymisert datamateriale kan oppbevares videre etter prosjektslutt. Ifølge informasjonsskrivet slik det foreligger skal datamaterialet lagres aidentifisert til 2024. Merk at dette er en standardformulering i REK sin mal for informasjonsskriv. Dersom identifiserende opplysninger skal lagres etter prosjektslutt, må dette meldes i en endringsmelding til personvernombudet.
- Presiser følgende setning: "Som deltaker vil du bli anonymisert og du vil dermed ikke være gjenkjennbar i noe skriftlig materiale.", slik at det ikke kan tolkes som at datamaterialet vil være anonymt. Du kan f.eks. presisere at ingen deltakere vil kunne gjenkjennes i publikasjonen. Datamaterialet vil ikke være anonymt, siden du vil måtte koble sammen transkripsjoner, bakgrunnsopplysninger og logg.
- Vi ber om at du endrer følgende setning "Prosjektet er meldt til og godkjent av Norsk senter for forskningsdata (NSD) og Regional komite for medisinsk og helsefaglig forskningsetikk (2017/519 C)." til "Studien er meldt til Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS". Prosjektet er ikke godkjent av REK, og trenger heller ikke godkjenning fra REK, da REK har vurdert at prosjektet ikke omfattes av helseforskningslovens virkeområde.

INFORMASJONSSIKKERHET OG DELING AV MATERIALE

Personvernombudet legger til grunn at du etterfølger Høgskolen i Sørøst-Norge sine interne rutiner for datasikkerhet.

Det oppgis i informasjonsskrivet at veiledere og kompetansegruppen vil få innsyn i anonymisert datamateriale. Merk at anonymisert datamateriale på ingen måte skal kunne knyttes til en enkeltperson, slik at alle opplysninger som indirekte kan identifisere en enkeltperson også må fjernes fra datamaterialet som deles med veiledere og kompetansegruppen.

PUBLISERING

I meldeskjemaet er det krysset av for at det skal publiseres personopplysninger i oppgaven. Personvernombudet legger til grunn at dette er feil og har endret dette punktet. Vi gjør oppmerksom på at dersom personopplysninger skal publiseres må det innhentes et eksplisitt samtykke til dette. Det framgår ikke av informasjonsskrivet at personopplysninger skal publiseres.

PROSJEKTSLUTT

Forventet prosjektslutt er 31.12.2019. Ifølge prosjektmeldingen skal innsamlede opplysninger da anonymiseres. Anonymisering innebærer å bearbeide datamaterialet slik at ingen enkeltpersoner kan gjenkjennes. Det gjøres ved å:

- slette direkte personopplysninger (som navn/koblingsnøkkel)
- slette/omskrive indirekte personopplysninger (identifiserende sammenstilling av bakgrunnsopplysninger som f.eks. bosted/arbeidssted, alder og kjønn)
- slette lydopptak

APPENDIX VII

APPENDIX VII: ASSESSMENT FROM REGIONAL COMMITTEES FOR MEDICAL AND HEALTH
RELATED RESEARCH ETHICS

Emne: Sv: Friluftsliv og naturopplevelser i bedringsprosesser ved spiseforstyrrelser
Fra: post@helseforskning.etikkom.no
Dato: 15.03.2017 13:25
Til: lt@usn.no
Kopi:

Vår ref.nr.: 2017/519 C

Hei.

Vi viser til innsendt skjema for fremleggingsvurdering av ovennevnte prosjekt, mottatt 07.03.17.

Søker beskriver formålet med prosjektet på følgende måte:

Dette prosjektet har som formål å utforske hvilke erfaringer personer med spiseforstyrrelser har med friluftsliv og naturopplevelser, og hvordan friluftsliv kan fremme og/eller hemme deres bedringsprosesser i hverdagen. Spørsmålene utforskes gjennom individuelle intervju i to omganger med 6-10 personer som har erfaring med spiseforstyrrelser og en interesse for natur og friluftsliv.

Første intervju baserer seg på en «walk-along» metode, og deltakerne i studien oppfordres til å skrive logg knyttet til opplevelsen av dette. Notatene vil bli tatt med som en del av intervjumaterialet i det andre intervjuet. Deltakerne til studien rekrutteres hovedsakelig gjennom brukerorganisasjonen ROS Rådgivning om spiseforstyrrelser. Deltakerne er hjemmeboende menn og kvinner over 18 år.

Søker angir videre i henvendelsen:

Formålet med prosjektet er å utforske personer med spiseforstyrrelsers erfaringer med og opplevelser av natur og friluftsliv. Dette innebærer at forskningen ikke har som formål å skaffe til veie ny kunnskap om helse og sykdom, men skal skaffe til veie kunnskap om natur og friluftsliv i en bedringsprosess.

REK sør-øst C deler denne vurderingen av prosjektet. Prosjektet omfattes dermed heller ikke av helseforskningslovens virkeområde, jf. helseforskningslovens § 2, og kan gjennomføres uten REK-godkjenning.

Vi antar for øvrig at prosjektet kommer inn under de interne regler for behandling av opplysninger som gjelder ved ansvarlig virksomhet. Søker bør derfor ta kontakt med enten forskerstøtteavdeling eller personvernombud for å avklare hvilke retningslinjer som er gjeldende.

Vi gjør videre oppmerksom på at konklusjonen er å anse som veiledende jfr. forvaltningsloven § 11.

Dersom dere likevel ønsker å søke REK, vil søknaden bli behandlet i komitémøte, og det vil bli fattet et enkeltvedtak etter forvaltningsloven.

Med vennlig hilsen
Tor Even Svanes

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Article 1

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Article

Embodying Experiences with Nature in Everyday Life Recovery for Persons with Eating Disorders

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Abstract: Eating disorders can be understood as attempts to manage a problematic relationship with one's own body. The objective of this qualitative study was to explore and discuss perspectives of embodying "experiences with nature" related to recovery in everyday life for persons experiencing eating disorders. The study was carried out in the context of a hermeneutic phenomenological approach. Eight participants with an interest in nature and *friluftsliv* (outdoor pursuits), and with experiences with bulimia nervosa and/or binge-eating disorders, were interviewed twice. Interviews took place in nature, in combination with a "going together" method. The results reveal how the participants highlighted experiences with nature as accentuating feelings of calmness and an engagement of the senses. Participants described nature as a non-judgmental environment that also provided room for self-care. This article explores the implications of everyday life perspectives on nature in recovery, as well as of an integrated focus on body and mind in experiences with eating disorders. The article concludes with an emphasis on how participant's embodying experiences with nature enabled a (re)connection with one's own body.

Keywords: *Friluftsliv*; recovery; health promotion; nature; everyday life; eating disorders; hermeneutic phenomenology

1. Introduction

In recent decades, there has been growing concern around an expanding human dislocation and alienation from nature [1–3]. The increasing technification and urbanization of human life have literally paved the road for lifestyles requiring less physical activity, including less in-person contact among humans and between humans and nature [2,4]. This concern has been forwarded in parallel with the increasing amount of international research supporting the hypothesis that interaction with nature holds multiple beneficial effects for health [5]. Related to this, nature has been deemed vital in both health promotion and mental health recovery [6]. However, while this research often focuses upon the psychological, physiological, social, and spiritual effects of nature [5,6], there is limited research with an explicit focus on embodying "experiences with nature" [7,8].

Understandings of embodying experiences are frequently connected to the "bodily turn" of phenomenology, which represents an effort to turn away from the Cartesian dualism between mind and body [9,10]. As famously argued by Merleau-Ponty [10], our body is not only something we have, it is also what we are. As such, the understanding that to be a subject is to be in the world as a body [11] holds several ontological and epistemological implications. If we are our body, then we must know that all that we have is acquired through our body: We live, perceive, and sense the world with our body and all our previous experiences, our background, and social relations are incorporated within

our body [12]. Thus, “embodiment emphasizes the body as a psychological, cultural and historical phenomenon as well as a biological and material one” [12] (p. 80).

The understanding that we experience the world through our body and through our senses holds several consequences for how we understand persons’ experiences in eating disorder (ED) recovery. Especially pertinent might be the emphasis placed on the idea that the body is our “means of communication” with the world [11] (p. 92). Eating disorders (EDs) are defined as preoccupations with food, body shape, and weight [13] and may be argued as embodied ways of communicating with the world, as well as efforts to manage a problematic relationship with one’s own body, thoughts, and feelings [14,15]. EDs are still heavily taboo; bulimia nervosa (BN) and binge eating disorder (BED), in particular, are related to features perceived as negatively loaded—loss of control, overeating, bingeing, and vomiting—and often leading to shame and guilt [16]. In accordance with literature arguing against the idea that anorexia nervosa (AN) constitutes a “blanket term” for all EDs [17], this study seeks to broaden the understanding that EDs are multifaceted by accentuating the stories of persons experiencing BN and/or BED.

Although there has been a growing trend towards integrating a focus on the body in recovery for persons experiencing EDs, this approach has largely been conceptualized as an issue related to a disturbed body image or body perception [18]. While this could be seen as a clinical approach towards recovery, often including assessment of outcomes such as “body dissatisfaction”, one could argue that our relationship with our own body is diverse and too complex to be reduced to individual concepts [14]. Contrasting the clinical perspective on recovery *from* EDs is a focus on recovery as personal, social, and contextual processes [19,20], as well as embodied experiences lived *in* everyday life. Thus, recovery is not typically seen as an outcome, nor as a linear process; rather, the emphasis on the everyday perspective in recovery argues that most of our health and wellbeing is maintained in our daily life through our coping strategies and through what we deem meaningful [21,22]. Closely related to this is the perspective that recovery should be seen as ongoing processes, in which aspects of connectedness, hope, finding identity and meaning beyond the challenges or illness experienced, and empowerment (given the acronym CHIME) has been emphasized [23]. As research has been inconclusive in terms of effective strategies for treatment of EDs [24], including ongoing discussions with regards to what *ED recovery* actually implies [25], there is a need for a focus on everyday situations as it emphasizes how persons can find ways to live with the situation while seeking to ameliorate the negative effects [19,21].

The objectification of the body that appears prominent in much of the literature related to EDs [14] can be contrasted with the subjective and embodied experiences seen as essential in the human–nature interaction [26]. The present study was situated in a Norwegian context, where *friluftsliv* (often related to “outdoor pursuits” or “outdoor life”), understood as comprising nature-based, non-competitive, and non-motorized activities (either sedentary or active) [27], constitutes the cultural context in which the experiences with nature take place. In the Nordic countries, *friluftsliv* is emphasized as an arena that can facilitate support, engagement, and coping strategies on an everyday basis, and as an important source of health and wellbeing [5,28].

However, while the contextual situatedness of the body proves important [10], one could argue that experiences with nature are also subjective, and that the ways in which we experience nature are influenced by social and cultural relations [29]. Related to this, it is important to note that *friluftsliv* is subject to a range of understandings and constructions, and is a dynamic and multifaceted phenomenon [30]. The understanding of *nature* in the current study is also broad, in the sense that it is defined by the ways in which the participants related to it. Situated in the Norwegian landscape, nature included forests close to urban cities and more remote wilderness areas.

In accordance with the shift from a focus on the mind towards the body—and, recently, an integrative focus on body *and* mind—in experiences with ED recovery, nature has been emphasized as holding great potential [27,31]. In a recent study of nature-based therapy for persons with BED, nature was reported to facilitate several positive processes, including increased wellbeing and enhanced

self-esteem [31]. This remains a relatively unexplored field, however. As such, this project aimed to contribute to a limited area of research, particularly research attending to first-hand experiences with ED recovery [32–34]. Following this, the objective of this article is to explore embodying experiences with nature related to recovery in everyday life for persons experiencing EDs.

2. Methods

In keeping with its aim, this study was carried out in the context of a hermeneutic phenomenological approach. This approach allows for exploring and developing an in-depth understanding and new insights into human life [35], while also acknowledging that studies of a phenomenon are always interpreted and contingent [36]. The present study was based on the epistemological assumption that meaning occurs and knowledge is developed within a context in which the participant, the researcher, and the research project including the environmental context, as a whole take part [37,38]. The dialogical perspective of Gadamer [39] in his “fusion of horizons” provides a methodological approach that fits well with an explorative and interpretative qualitative study, allowing the researcher to actively engage with the participants’ experiences, albeit in a thoroughly self-critical, contextualized, and reflexive manner [37]. In order to maintain transparency in the combination of phenomenological exploration and hermeneutic reflection, the research project must have a clearly outlined structure, and the first author must maintain a practice of reflexive writing at each stage of the research process [37,40].

2.1. User-Involvement in the Research Process

The current project was developed in collaboration with a Norwegian user organization focusing on eating disorder experiences (*Rådgivning om spiserforstyrrelser*—ROS), to ensure that the first-person perspective was included in the research process. Furthermore, a “competence group” [21,41] consisting of between five and seven persons with experiences in mental health challenges and in EDs, and with interests in nature and *friluftsliv*, were invited to participate in the development and analysis of the study. The group contributed to the formation of key themes for the interviews and the development of the methodological approach; they also provided advice throughout the project, based on their experiences and perspectives. Some of the participants had taken the University of South-Eastern Norway’s post-graduate course in user-involved collaborative research in mental health. Albeit having been criticized for resulting in “tokenism” [42], user-involvement in research entails a recognition of the knowledge of those who are “experts by experience” [43]. While the political-ideological contribution of implementing user-involvement can be called into question, we find it important to highlight the use-value of forming a competence group. In the current project, the competence group took on more of an advisory function in the different stages of the research [43]. The group acted as a safeguard to ensure that our focus remained centered on the participants and their experiences with nature, and to remind us of the complexity of everyday situations to avoid over-simplification of our interpretations of the data [44].

2.2. Recruitment Procedures

Participants were recruited during the summer of 2017 through posts on ROS’s website. In addition, the special health services for treatment related to EDs in Norway were contacted, and flyers were posted at several universities in Eastern Norway (including in the student health services). In line with the objective of the study, the following inclusion criteria were applied:

- Interested in nature and *friluftsliv*
- Self-reported experiences with bulimia nervosa and/or binge eating disorder
- Above 18 years of age
- Both men and women

Participants were excluded if currently residing in institutions, or facing somatic health problems.

2.3. Participants

Upon reading the recruitment text, eight persons contacted the first author during the summer of 2017, and volunteered to participate in the research project. This included seven women and one man between 19 and 41 years of age. The participants came from across Norway, although most of them were currently living in the southern part of the country. Two came from other Nordic countries, but were currently living in Norway. They were all studying and/or working—none were unemployed. All were either currently enrolled in or had previously completed some degree of higher education. The participants demonstrated great variety in terms of their previous experiences with nature and *friluftsliv*. However, all of the participants informed us that the value of such experiences was their main motivation for participation in the research project. Their experiences with EDs ranged from 2 to 25 years. Although some declared that things were better now than previously, they related that they were still living with the consequences of the EDs. Two of the participants stated that they currently received help from professionals; six said they had a supportive social network of friends and family.

In the research process, we relied on the participants' self-reported experiences with EDs and no medical records were obtained. Although the study's focus was on persons with experiences from the above-mentioned diagnoses, EDs are a complex phenomenon and several of the participants expressed that they could see themselves fit into more than one of the diagnostic categories. Related to this, some of the participants described previous experiences with other types of EDs, as well—for example, AN in addition to BN/BED. The number of participants included in the study were continually assessed in terms of "information power." This meant an evaluation of the quality of the data material with regard to the aim of the study, the specificity of the participants' experiences, the availability of established theoretical perspectives, the quality of the dialogue between researcher and participants, and the analytical strategy [45].

2.4. Data Creation

This study consisted of two individual meetings with each participant (one person was only met with once, due to their health situation). The first meeting consisted of an unstructured walking interview (hereafter termed "going together") in nature. The second meeting was a sit-down, semi-structured interview.

2.4.1. Going Together

Having established contact, the participants were asked to decide upon a place in nature to meet. Although the meeting was not specified as either sedentary or active, all of the participants invited the first researcher for a walk in a natural area near them. Information describing the purpose of and procedure for the study was sent to the participants prior to the first meeting; in addition, information was provided upon meeting. Having obtained informed and written consent, both the participant and the first author were equipped with a small microphone and a recorder and the conversation that took place during the walk was audio-recorded. The topics initiated by the first author during the unstructured interview were intended to elicit participants' reflections on why we were meeting in this particular place, and how they experienced nature as we were walking. The walks lasted between 60 and 90 min; four took place in the forest, two around a lake, one in the mountains, and one along a river.

The method chosen has parallels with methods used by other researchers on *friluftsliv* [29,46,47]. This method shares similarities with go-along methods used in other countries [48,49], in that "going together" enabled exploration of the interaction between the participant and the environment, and aspects of lived experiences as contextual [49]. Allowing the data creation to take place in nature provided the first author with the opportunity to observe participants' body language while also paying attention to the conversation.

2.4.2. Interviews

The “sit-down”, semi-structured, open-ended qualitative interview took place approximately two weeks after the first meeting. This approach was selected for further exploration of the person’s experiences and perspectives. The transcript, preliminary analysis and first author’s fieldnotes from the first meeting constituted the point of departure for the interview. The second meeting, also recorded, followed a semi-structured interview guide focusing upon the meaning of nature and *friluftsliv* in participants’ everyday life. The questions were related to participants’ stories of how they engaged with nature in their everyday life; for instance, where they preferred to be and what they liked to do, how they related to nature and why they believed they became interested in spending time outdoors. Moreover, stories about childhood experiences with nature as well as experiences with nature as both supportive and/or challenging, were important topics during the conversation. During the first meeting, the participants expressed a preference for the sit-down interview to be conducted outdoors. With two exceptions, due to practical circumstances, the sit-down interviews therefore took place in a natural area near them: in a shelter in the forest, on a bench along a fjord (two occasions), on a blanket beside the river, and in a park. The participant and the first author were the only ones present at both meetings.

2.5. Data Analysis

The method of analysis was interpretative phenomenological analysis (IPA) [50]. While IPA has been argued primarily as a psychological method [51], it can be seen as being of value in other disciplines, as well [50]. The IPA method is largely based on the hermeneutic circle as an iterative and inductive process, in which the researcher moves from the ideographic to the shared and back to the nuances [50]. The data were analyzed by merging IPA with the computer software program NVivo [52].

The initial phase of the IPA approach included listening to the recordings several times. Any thoughts regarding the interview setting or the text were written down in a separate document and saved [50]. The recordings were also transcribed verbatim in NVivo [52]. The second phase involved preliminary note-taking related to the first author’s understanding of how the participant talked about, understood, and related to nature and *friluftsliv*. This included descriptive, linguistic (where appropriate), and interpretative comments. The comments were then assigned different colors in NVivo [50]. During the third phase, emergent themes (or “nodes,” in NVivo), based on the first author’s preliminary notes were developed [50]. During this phase, the goal was to keep as much of the language used by the participants as possible, to ensure a proximity to the empirical material in the coding process. The fourth phase included looking for connections across the themes [50]; the emergent themes were then organized into hierarchical groups of nodes. The fifth phase consisted of moving to the next participant and repeating the process. The sixth phase of the analysis included looking for patterns across all the themes, across all the participants, and organizing the nodes into themes and sub themes [50]. In reporting the results, a prominent task was to present the nuances in the participants’ experiences, in keeping with the ideographic emphasis of the IPA [50].

The analysis of the transcripts was reviewed together with the initial fieldnotes and observational comments were written directly after each meeting. The direct quotes from the participants were translated by the first author for this article, but were kept in their original language until the article was proofread. Although the co-authors were thoroughly involved in all stages of the research, the first author carries the main responsibility for the analysis and presentation of the results.

2.6. Ethical Considerations

The project was assessed and approved by the Norwegian Centre for Research Data and the Regional Committees for Medical and Health Research Ethics (2017/519C). However, as argued by Tee and Lathlean [53], ethical guidelines cannot account for the complexities in specific situations. Hence, it

became important to view information and consent as a process rather than an absolute. The notion of “ethical mindfulness” as everyday ethics was important throughout the research process—this included attention to the relationship between researcher and participant [54] and a continuing assessment of potentially vulnerable situations [53].

A few of the participants commented that it was demanding to be walking, paying attention to nature, *and* taking part in an interview at the same time. They expressed a wish for extended time related to the first meeting. Consequently, the recruitment text and information provided to participants were updated to include the fact that time limits were unspecified. However, the meetings that followed tended to be a similar length as those that took place before the update. As many of the topics for the sit-down interview were often touched upon during the first meeting, the necessity of the second meeting was discussed after interviews with three participants. It was decided that the second meeting should be kept, due to the variation between the “going together” dialogue and that in the interview. Moreover, it proved valuable to have the participants reflecting upon our first meeting. Data were made anonymous through the transcribing process via moderating or removing details that could allow the identification of participants. All the participants in the study were given pseudonyms.

3. Results

The results of the current study emphasize the participants’ embodying experiences with nature in everyday life. The results reveal how nature provided participants with experiences of peacefulness and calmness, and facilitated re-embodying experiences through the engagement of their senses—particularly the sensing of the ground with their feet. Moreover, nature had room to embrace their whole body, complete with their experiences, and this opened up an understanding of it being legitimate, and even required, that they take care of themselves in nature. Each of these themes are introduced with an observational reflective note related to the context, marked in italics. Following the observational comment, we have included a short summary of the sub-themes to be explored within each of the sections.

3.1. Nature Provides One with Peacefulness and Calmness

We had been walking for some time in a forest near the city. Although we were surrounded by the trees, once in a while we heard cars passing from the nearby streets. After a while, having moved further away from the streets, there was no traffic to be heard and we stopped in front of an ice-covered, white area. “Aaaah,” Jakob breathed in, and then out, lowering his shoulders. “This is the lake!”

All of the participants talked about how nature provided them with peacefulness and calmness, albeit in multiple ways. The sub themes to be explored in the following are related to the calming qualities of nature, such as wide-open spaces and quietness, as well as highlighting how the participants’ experiences with nature provided them with calmness, through an engagement of their senses and by a sense of belonging in the greater connection of nature.

Several of the participants expressed how much of the distress related to the ED involved a feeling of a pressure building up inside, and they just had to get out. Once in nature, they explained, their heartbeat would slow down, and the open spaces made it easier to breathe. Moreover, the participants described how the peacefulness and calmness they found in nature allowed for an engagement of their senses. Closely related to this, they highlighted the importance of the quietness in nature—not necessarily a total quietness, but one in which “the city sounds,” as Julie called them, were absent. They emphasized that many of the features they were influenced by in society were gone in nature, or were experienced differently and as less demanding. As we were walking up a small hill in the forest, Nora described how she became aware that she was repeatedly touching the grass and she highlighted how sensing through her fingers elicited a calmness in her. She continued:

But it's like, using nature and using *friluftsliv* has become a thing for me, in order to deal with it. I have, well, many people try mindfulness and stuff, I can't . . . I couldn't do that. Sitting there and searching for things you don't want to feel. Sitting still and sensing your body even more, I can't do that. So my kind of mindfulness is out here, where we are now, to change one's focus . . . sensing nature, listening to the birds, the smell, and it's like, it calms me down, in a good way. I believe this is the most important reason that I manage my life as well as I do.

Like several of the participants, Nora expressed how touching, listening, and smelling nature were essential to her, and she related the calmness she experienced in the sensible relationship with nature to a shift in focus, from herself towards nature. This change of focus onto something more than oneself seemed to be important and connected to an experience of bodily calmness for several of the participants. With nearly all of the participants, I found that they typically stopped when we walked out of the forest and came upon a view across the valley, towards the mountains, or when the view opened up towards a lake or a river. The participants described a feeling of calmness, for instance by looking at the mountains. Related to this, Kristine commented: "Every morning when I go to work, or just go downtown, I look towards the mountains, and I believe it fills me with calmness". As was highlighted by several of the participants, she continued to explain: "It becomes kind of possible to lift your perspective and it's like a higher truth than those things you normally think about in your daily life." In comparison to their descriptions of what they felt to be a relatively shifting and unstable society, the mountains, the trees, and the rocks represented constancy. In line with this, Maren reflected:

How long has that rock existed? How long has that tree been here? How old is it, approximately? I often wonder about things like that. Because I find it so fascinating. This rock, it has witnessed this and that, from hundreds of years ago, or even millions of years ago. So, in the bigger picture, my life and my problems are perhaps not that big after all.

Several of the participants described how they experienced a peacefulness in nature related to a sense of belonging. They expressed an understanding that there was something inherent in humans' innate relationship with nature, and how they were influenced by nature's own balance. As described by Maren in the above quotation, seeing themselves as part of a greater connection also implied that they could give their own troubles a little less attention. The majority of the participants recalled how much of their effort was expended on alleviating some of the distress related to the ED. Related to this, nature was described as a calm, quiet and stable place, and this outer calmness seemed to influence the participants by filling them with calmness on the inside.

3.2. Nature Invites One to Sense the World with One's Feet

We had been walking in silence for a while on our way down through the forest. The path she had chosen for us to walk wound between the trees. It was narrow, covered with needles and warm after the sun had been heating it all day. Then Nora commented: "This is such lovely forest ground to walk on . . . with the spruce needles; it becomes so soft and nice . . . "

A prominent theme across all the participants' stories were their reflections upon sensing the ground with their feet. The sub themes in the following section are related to how the qualities of the ground required one's presence and how this focus "down" was experienced as re-embodiment.

While we walked in nature, several of the participants emphasized the characteristics and qualities of the ground. It was especially the softness of a path covered with needles from spruce or pine trees and the sensing of one's feet in relation to the ground that was highlighted. Maren put it this way:

But then, at least we walked on a *path*. I prefer that. When it is soft to walk on and there's like little rocks and streams and needles from the spruces, or maybe pines in this case [she laughs], needles on the forest ground, it makes it nice to walk there. It is something about the feeling of sinking a bit into the ground.

As with Maren, several of the participants also highlighted how rocks and roots were experienced as natural features that captured their attention. This meant, they explained, that they had to be present and attentive to where they placed their feet. In comparison, asphalt or gravel presented little variation. Most of the participants distinguished clearly between the feelings elicited in their body from walking on asphalt or gravel and those from walking on a “natural” path. In addition, several of the participants highlighted how the variation in the terrain meant that time and distance were felt differently.

These reflections regarding sensing nature with one’s feet became pertinent, as several of the participants talked about their ED as something going on in their head and in the upper part of their body: Nora described it as having ants in her head; Vanessa described it as having someone sitting on her back constantly telling her what to do or how to feel; and Eva related to her ED as a troubling “voice” creating troubling thoughts. In addition, though the EDs were mostly described by participants as being connected to troubling thoughts or feelings located in their head, the EDs were also described as numbing their body, as if they were shutting down contact with the rest of their body.

Kristine: It’s like, eating disorders are all about cutting off here, by the neck [pointing to her neck], and you are only present in your head. So it’s almost like, your body is disappearing.

Kristine related that she experienced having an ED as if her body was gone. Being in nature, she continued, became important, as it was a way of “re-embodiment” herself by “getting a break and getting down into [her] body.” Although most of the participants emphasized their devotion for natural paths, they also gave examples of times when the distress related to the ED became so stressful that they did not care about their environment anymore. Thus, while they highlighted a preference for nature with as little human impact as possible, in their daily life, they often made use of the nearby forest. However, when things became too difficult, they would go for a run wherever they could, though still preferably in city parks.

3.3. Nature Embraces One As One Is

While we were walking, we moved in and out of our conversation. Sometimes just walking in our own thoughts, and observing and being in nature. With all of the participants, I experienced situations when things happened around us, like when a squirrel appearing, a duckling, a flower, the rain, or a view caught our attention and became integrated into the conversation. The fluctuations of our attention seemed closely connected to the participants’ emphasis on nature as places where they could get a break from their troubling thoughts and just be as they are.

The participants talked about feeling as though nature welcomed them the way they are. The sub themes to be explored in the following section are related to the participants’ expressions of nature as being non-judgemental, as providing a break from the ED related distress as well as providing room for whatever they brought with them, inclusive of troubling thoughts and feelings.

In nature, the participants explained, no one was watching them as when there were many people around. Most of the participants ventured into nature alone, as well as together with friends and family. Still, the experience of not being judged by anyone while in nature was emphasized, and the participants described a feeling of being left in peace. Related to this, Kristine commented that being in nature provided a break from the constant, critical self-evaluation she recalled experiencing when other people were around. The feeling that one is not “wrong” in nature, which several of the participants emphasized, implies that, in nature, they experienced feeling that they were good enough, just as they are.

Kristine: One of the fundamental feelings for most people, like the low self-worth you find among persons with eating disorders, it’s this feeling that there is something basically wrong with you, that you are not like everybody else. But, when I am in nature, alone or together with others, I don’t have that feeling, because we are all natural.

The participants often described being in nature as a way of getting a break from everything going on in their mind. Not everyone expressed a desire to actually feel their body, but most of the participants emphasized that they would like to just “be” and get a break from the ED-related distress. All of the participants in this study related examples of how nature captured their attention, thereby shifting their focus: for instance, when they explored new paths and found new connections, got lost and had to find their way back, oriented themselves in the fog, or found a way to cross a river. Several of the participants emphasized how nature could be understood as providing a break from troubling thoughts through a continuous shifting between walking with an internal focus on their own thoughts and walking while focused externally on nature.

Eva: It’s nice to be active and sort of entering a monotonic, just walking, and disappearing a bit into it in a way, and sort of being present in nature and not thinking about anything else.

While nature was described as providing a break from the experienced distress in their situations, the participants also related how they experienced nature as places where they could find room to express difficult feelings. Several of them recalled episodes in which they had shouted in the wind and the rain, or at the waves and the ocean.

Vanessa: No, it’s just kind of liberating, I don’t know, it’s like, even if I had, especially one time I recall thinking as I was walking along the shore and it was blowing and raining and the waves were crashing and it was just . . . and I had a shitty day, but it was just, ahh, amazing.

However, while the participants described their troubles as receiving less attention as their senses were oriented more towards nature, they explained that it was not necessarily that everything difficult disappeared; instead, as Vanessa highlighted above, it was more that nature had space for all that they carried with them. Nora put it this way: “Because all the thoughts and the distress, this inner distress I have... it’s there, all the time, it never disappears, I just have to find ways to live with it, if I, in order to have a good life . . . ” Being in nature, the participants expressed, was one way of dealing with all that was difficult, as nature was described as a place that embraced all of a person, without judging.

3.4. Nature Provides Room for Self-Care

Meeting all the participants in nature meant that we had to dress according to weather conditions and natural terrain. As it turned out, this created room for valuable reflections upon how nature opened up for an awareness of one’s own bodily needs.

According to the participants’ expressions of nature as providing room for self-care, the sub themes to be explored in the following are related to how the conditions in nature were requiring one to team up with one’s body. Moreover, as covering one’s basic needs became the most important in nature, the participants expressed how this pursued a shift from bodily appearance to bodily function.

Although most of the participants emphasized that nature had room for whatever they brought with them, they also highlighted that they experienced nature as requiring something of them. They described how nature provided direct responses and consequences, which meant that they had to listen both to nature and to their body.

Anna: And, one of the things I think about right now, which occupies my mind, is that, damn, I am about to leave on a trip and I am worried I will be eating too much because my body will be hungry. And, I am afraid I will eat too little so that I will start freezing and that I will not have enough energy to participate and be attentive. So it’s kind of an balancing act, where nature sort of requests you to . . . ‘In order to be *in* me, in order to use me, you have to take care of yourself.’

As Anna highlighted, nature puts the ED on trial; indeed, in order to have a positive experience in nature, several of the participants highlighted feeling that they had to partner with their body. They

described how, although it is normally the ED that sets the rules, the rules appeared to be different in nature, where they were bound by the outdoor conditions. As Eva explained, “you have to find a place to sleep, you have to find food, you need shelter from the wind, it’s like, things like this, it is more like the basic needs in life . . . ” In nature, she continues, “there are sort of different life rules than in the rest of life.”

Interviewer: Yes . . . how is that?

Eva: It’s quite good actually, and it feels kind of right in a way, or maybe, well, you know you have to pay attention to, when it’s cold you need to dress up, if you are tired you need to take a break. That you play together with your body a little bit more, too, and a bit more, like, learn to interpret it, and sort of acknowledge that if I am to have as good a hike as possible, I need to listen to it [she laughs], and that’s nice to learn and yeah . . .

As the rules were described as being different in nature, the participants commented that being in nature opened one up to self-care—meeting the basic needs of one’s body was essential for one to thrive in nature. Several of the participants related this to a shift from how their body appeared, to how it functioned.

Nora: Because, when you are out there, you feel how your body functions, it brings you where you are going, it’s like, there is no one commenting or no influence on how you are or who, how you look or which clothes you are wearing . . .

As Nora highlighted, and in accordance with several of the other participants, this focus on the body’s functioning rather than its appearance was described in connection to a contrast between being in nature and being in society, among other people. The unconditional requirements of nature were expressed as closely related to the experience of nature as being non-judgmental. This experience of being “just you and nature,” as Julie emphasized, seemed to be important—both for a shift in focus and to legitimate self-care.

4. Discussion

The objective of the current study was to explore embodying experiences with nature related to recovery in everyday life for persons experiencing EDs. The results will be discussed in relation to the literature on recovery, the phenomenology of the body, and embodying experiences with nature.

4.1. Recovery as Everyday Experiences and the Reciprocal Human–Nature Bond

An important objective of recent mental health recovery research has been to argue how recovery takes place within “normal” environments and activities [21]. As such, much of the recent recovery-oriented research supports the understanding that recovery is “not just an individual journey” [20]. Recovery has been highlighted as thorough relational processes with an emphasis on the connection between what takes place on the inside of a person and the socio-cultural situatedness of an individual [55]. Related to this, we seek to broaden the perspectives on *relational recovery* as not only appealing to an interconnectedness of human beings embedded in a social context [55], but also including the relationship between humans and nature.

Persons with experiences with EDs often highlight a feeling of distress as fundamental [14]. Hence, much of the effort in their ED recovery processes is related to alleviating some of this distress [34]. In keeping with this, the current study reported how nature was described as a less demanding environment that held several important calming qualities. These results are in accordance with prior research emphasizing nature’s calmness related to, for instance, the variation and accentuation of the senses, and open and free areas [56,57]. Moreover, albeit recognizing that quiet on the outside can still mean chaos on the inside, the experience of quietness related to natural sounds has been highlighted as having an important calming quality, both in the current study and in studies on nature and mental

health more generally [56,57]. Thus, for the persons in the current study, what they related to as *nature* seemed to be closely attached to what they experienced in nature, in terms of presence, quietness, and calmness.

The connection between a desired balance between calmness on the outside and calmness on the inside could be argued to highlight the bond between humans and nature. In this, the body should not be seen as an object responding to stimuli in nature, but as an existential body, continuously experiencing and experienced, in movement and intentionally seeking out into the world [10,11]. The reciprocal “sense-full” interaction between our body and the world stresses the understanding that nature not only talks to us, but also listens [26]. The participants in the current study talked about how they could leave some of their worries in nature in a reciprocal exchange, in which they received some of nature’s calmness in return. Being in nature, then, could be seen as a dialogue between feelings and thoughts, and nature [58]. The experienced balance between one’s own feelings and the interpretation of nature’s expression (e.g., wind, rain, waves) has been highlighted by several studies [31,57,59], and supports the argument that a connection with nature holds the potential to enhance the relationship with one’s self [59,60].

The deep emotions that are related to the human–nature interaction could be understood as a sense of belonging, including a feeling of connectedness to a broader reality, and a sense of purpose and faith in a larger reality [6,57]. Persons, regardless of nationality and culture, seem to prefer natural environments with water features, large old trees, intact vegetation and minimal human influence [61]. Continuing this, and in accordance with the participants in the current study, Ottosson [59] accentuates the *timelessness* of features like rocks and large trees as fundamental in that it contributes to a change in perspectives related to one’s own situation. This understanding is supported by literature demonstrating that a focus on something larger than yourself is important for persons in ED recovery [17].

4.2. Experiences with Nature Challenge the Body–Mind Dichotomy

One of the most prominent results in the current study is the understanding of how the participants met nature through their body, particularly their feet. The varied terrain and the sense of the ground appeared to play a vital part in participants’ reconnecting with their own body. As highlighted by Sands [15], persons with EDs often experience their bodies as alien or separate. The results of the current study reveal the complexity and ambiguity related to the experiences with EDs as something primarily taking place in the mind, at the same time as the participants emphasized EDs as a difficult relationship with their own body. Related to this, the body–mind dichotomy seemed highly present in the participants’ stories. This could be understood as the persons themselves having been influenced by the Western way of thinking in dichotomies [58]. Moreover, the continued objectification of their body by several of the participants could also be understood in light of the fact that one of the main challenges related to EDs might be found precisely in the dialectic between having or being a body [62,63]. When the relationship with one’s own body is challenging or problematic, it might be perceived as easier to *have* a body rather than *be* a body. However, although using the dichotomy of mind and body as separate realms to reflect upon their understandings of EDs, the participants in the current study also emphasized the (re)connectedness of their body and mind, as it was precisely moving the body in nature that could help ease the distress in their mind. The sensory awareness embedded in interaction with nature has been emphasized as contributing to a shift in focus away from problematic thoughts and feelings [31]. This is in accordance with reports from the participants in the current study, where the “sense-full” intentionality of the outward perspectives helped put the inward perspectives to rest.

Discovering ways to forget oneself might be recognized as a common strategy related to dealing with EDs [62]. However, as highlighted by Duesund and Skårderud [62] (p. 59), the aim is that one’s body is “positively absent from [one’s] attention.” Related to this, the participants in the current study emphasized their experiences with nature as not only offering valuable breaks from troubling thoughts, but also including external orientations and attempts to restore their reciprocal contact with nature and

the world. As emphasized by Merleau-Ponty [10], the inextricable link between body and life-world in a circular alternation between the subjective and objective implies that how nature is experienced is influenced by what one brings with them into nature. As reported by the participants in the current study, it was not necessarily the case that spending time in nature erased all their struggles. As such, and as they illustrated, ED recovery is perhaps best understood as long lasting processes. Being in nature, then, could be seen as a way to live with and deal with the experiences one has [21,64].

The complexity and ambiguity of experiences with EDs are related to an acceptance of oneself in the present as difficult [65], at the same time that the experience of nature as being unconditional and all-accepting is emphasized [57]. As revealed in the present study, nature appeared to be providing participants with a different set of “life rules.” Several studies have emphasized nature as being an environment without prejudice as important for opening up towards a reconnection with one’s own body [7,56,57]. Moreover, to be “cut-off from the body” has been associated with depriving a person from a vital source of self-care [15] (p. 35).

As argued by Crossley [9], it might have been the case that Descartes’ separation of mind and body was an attempt to save the human self-image from the objectification and desire of mechanical explanations of humans following the advancement of the natural sciences in the 17th century. While in the Cartesian tradition, the mind has priority over the body, Duesund [58] questions whether the body–mind dichotomy has again arisen—but this time, in reverse order, in which an instrumentalization of the body in today’s society leaves no room for the soul. This could be argued to be especially pertinent, as the objectification of the body through the ED at the expense of subjective experiences may inhibit the circulation between body and life [62]. It accentuates the ambiguity that persons with EDs are often working hard to avoid experiencing in their body, at the same time as the ED keeps them in an all-consuming relation with their body [14]. Several of the participants in the current study emphasized a shift in their focus on appearance to a focus on bodily function, related to the non-judgmental atmosphere in nature. While this function-orientation could be understood as gratefulness for having a body capable of functioning in nature [66], it may also run the risk of becoming a new instrumentalization of the body.

4.3. Strengths and Limitations

There are several strengths and limitations of the current study that should be noted. First, women were strongly overrepresented in the sample, which seems to be common in studies on EDs in general [67], as well as on EDs and nature [27,31]. A possible explanation for the fact that few men responded with interest during our recruitment process might be that EDs have long been associated with women, and men might still find it difficult to recognize themselves in the ED terminology [67,68].

Second, the current study presents an in-depth inquiry of experiences with nature of eight persons in Norway, and should thus be considered according to this context. Transferring the results to other (particularly non-Nordic) cultures—both in terms of access to nature as well as the position nature holds in Nordic countries (practically, socially, and cultural-ideologically) [69,70]—might represent a potential challenge. Moreover, previous research has argued that it is useful to distinguish between the features of “wild” nature versus other types of nature [71]. With this in mind, it might be seen as a limitation that the current study presents a variety of Norwegian nature-landscapes according to the participants’ definition of “nature in their everyday life.” In addition, the different studies discussed in relation to the current research project also include a variety of natural environments.

However, with this article’s objective in mind, we believe a dynamic approach towards nature could be argued as a strength when exploring lived experiences of everyday life. While recognizing the importance of both therapy in nature and the therapeutic benefits of nature [27], one could perhaps argue that there is an important difference between using a designed and fenced-in therapy garden, where the natural environment is integrated into existing exercises [31] and meeting nature “on its own terms” [56]. That we risk losing something valuable in our connection with nature when nature as a place for “healing” becomes organized and institutionalized has been argued for many

decades [72]. Rather than a dose-response relationship with nature [73] or a static understanding of how humans respond to different types of nature (i.e., stimuli), the current study argues that the benefits of interactions with nature are well embedded in a dynamic and reciprocal relationship. In this relationship, we as humans are influenced by nature, which again is influenced by what we bring with us in nature [12,47].

Further, it is important to emphasize that the current research project does not aspire to investigate the potential “effects” of interaction with nature, but merely seeks to explore how persons with EDs experience nature. It is outside the scope of this study to examine if experiences with nature involve a more or less beneficial strategy for persons experiencing ED compared to other health conditions. However, this might constitute a potential avenue for future research. In this study, persons who defined themselves within the inclusion criteria specified in the announcements of the study contacted the first author. Although it was deemed important that the initiative to partake in the research project came from the participants themselves, this could also be argued to be prone to selection bias, as we only know the experiences from those who were able to reach the first author. In addition, it might be worth commenting that not all persons find meaning, are comfortable, or prefer spending time in nature, although this was not the focus of this study.

The hermeneutic phenomenological approach chosen means that the authors constitute both the strengths and the limitations of a study, and require a self-critical reflexivity towards their own backgrounds, beliefs, attitudes, and knowledge throughout the entire research process [40]. That the first author is an outdoor education teacher, is herself fond of nature, was born and raised in Norway, and spends a substantial amount of time in Norwegian nature arguably influenced her critical lens. However, this background could also be argued as a strength in her aim to maintain a focus on the person as a citizen, one just like everybody else, in a cultural context where *friluftsliv* is normative for a substantial amount of the population [74].

4.4. Implications for Practice and Future Research

The current study holds several implications with regard to both future research and practice. First, understanding persons' experiences with EDs recovery as encompassing broader health concerns, wellbeing, and quality of life offers insight into understanding those experiencing EDs as persons in their everyday contexts, not only defined by their symptoms or diagnosis [24]. The current study illustrates how spending time in environments experienced as nurturing for their recovery represented a crucial strategy for dealing with their ongoing situation. Future studies may therefore benefit from integrating a focus on ED recovery that takes place in both treatment and everyday life. Methodologically, as most research on nature and mental health is arguably still based on comparative studies, dose-response relationships and questionnaires [5], there is also a need for research aiming to explore lived experiences with nature in persons' everyday life.

Second, although keeping in mind the importance of professional help, exclusively focusing on EDs from clinical perspectives may undermine the resources of the person and inhibit important perspectives on recovery [34]. Moreover, it is relevant to note that a substantial number of persons with EDs never receive treatment from health care professionals [75]. There is thus a need for further exploration of lived experiences with ED recovery from first-person perspectives [17,33,34].

Third, the current study regards the body as essential in EDs, and highlights the need for further emphasis on embodying experiences as essential in both ED treatment specifically and ED recovery processes more generally. Although an increasing amount of research supports interdisciplinary cooperation in ED recovery approaches [63,76], much of the literature still concerns more conventional treatment of BN and BED, such as cognitive-behavioral and psychosocial approaches, at times supported by psychopharmacologic treatment [77]. We acknowledge that what is found helpful in recovery processes varies; the aim is not to abandon therapeutic or clinical approaches, but to argue the benefits of more holistic perspectives towards ED recovery processes.

Fourth and lastly, this study's exploration of experiences with nature aspires to contribute to the growing understandings of the human–nature interaction in health research more generally, and the emphasis of nature in both therapy and in everyday life. While several studies thus far have delineated the psychological, physiological, spiritual, and social benefits for humans [5,6], future studies may also benefit from a focus on the dynamic and reciprocal human–nature interaction.

5. Conclusions

The results from this study illustrate how embodying experiences with nature allow for a (re)connection with one's own body. The peacefulness and calmness of nature, together with an engagement of the senses, were expressed by participants as providing room for them to come as they were, with all of their experiences. Moreover, the study revealed experiences of being with nature as allowing self-care, as nature required something of them—albeit in an unconditional and non-judgmental way. Their embodying engagement with nature, particularly through sensing the ground with their feet, highlighted the complexity and ambiguity of EDs, as it facilitated a re-connection of body and mind while simultaneously emphasizing the advantages of focusing on something outside themselves (e.g., the ground, or nature more generally). Related to this, and supported by our results, we argue for the importance of an integrative focus on body and mind in ED recovery. Moreover, the results emphasize ED recovery as long lasting processes that take place within multiple aspects of a person's everyday life. Closely following this is the argument that understanding experiences with nature as representing valuable breaks from the distress associated with difficult situations offers valuable perspectives on the reciprocal bonds between humans and nature.

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References

1. Bratman, G.N.; Hamilton, J.P.; Hahn, K.S.; Ouyang, Z.; Gross, J.J. Nature experience reduces rumination and subgenual prefrontal cortex activation. *Proc. Natl. Acad. Sci. USA* **2015**, *112*, 8567–8572. [[CrossRef](#)] [[PubMed](#)]
2. Fernee, C.R.; Mesel, T.; Andersen, A.J.W.; Gabrielsen, L.E. Therapy the Natural Way: A Realist Exploration of the Wilderness Therapy Treatment Process in Adolescent Mental Health Care in Norway. *Qual. Health Res.* **2018**, *29*, 1358–1377. [[CrossRef](#)] [[PubMed](#)]
3. Louv, R. *Last Child in the Woods: Saving Our Children from Nature-Deficit Disorder*; Reviewed and Updated Edition; Atlantic Books: London, UK, 2009.
4. Mitten, D.; D'Amore, C. The nature of body image: The relationship between women's body image and physical activity in natural environments. In *Women and Nature?* Informa UK Limited: London, UK, 2017; pp. 96–116.
5. Mygind, L.; Kjeldsted, E.; Hartmeyer, R.D.; Mygind, E.; Bølling, M.; Bentsen, P. Immersive Nature-Experiences as Health Promotion Interventions for Healthy, Vulnerable, and Sick Populations? A Systematic Review and Appraisal of Controlled Studies. *Front. Psychol.* **2019**, *10*, 943. [[CrossRef](#)] [[PubMed](#)]
6. Keniger, L.E.; Gaston, K.J.; Irvine, K.N.; Fuller, R.A. What are the Benefits of Interacting with Nature? *Int. J. Environ. Res. Public Health* **2013**, *10*, 913–935. [[CrossRef](#)] [[PubMed](#)]
7. Hennigan, K. Therapeutic Potential of Time in Nature: Implications for Body Image in Women. *Ecopsychology* **2010**, *2*, 135–140. [[CrossRef](#)]
8. Swami, V.; Barron, D.; Weis, L.; Furnham, A. Bodies in nature: Associations between exposure to nature, connectedness to nature, and body image in U.S. adults. *Body Image* **2016**, *18*, 153–161. [[CrossRef](#)] [[PubMed](#)]

9. Crossley, N. *The Social Body: Habit, Identity and Desire*; Sage: London, UK, 2001.
10. Merleau-Ponty, M. *Kroppens Fenomenologi*; Pax: Oslo, Norway, 1994.
11. Merleau-Ponty, M. *Phenomenology of Perception*; Routledge: London, UK, 1962.
12. Duesund, L. Who is Moving My Body When I Am Moving? A Phenomenology of Adapted Physical Activity. *Sob. J.* **2007**, *12*, 80–87.
13. *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders*; American Psychiatric Association Publishing: Washington, DC, USA, 2013.
14. Cook-Cottone, C. Embodied self-regulation and mindful self-care in the prevention of eating disorders. *Eat. Disord.* **2015**, *24*, 98–105. [[CrossRef](#)]
15. Sands, S.H. Eating Disorder Treatment as a Process of Mind–Body Integration: Special Challenges for Women. *Clin. Soc. Work. J.* **2015**, *44*, 27–37. [[CrossRef](#)]
16. Pettersen, G. *Eating Disorders: Studies of Understanding and Recovery*. Ph.D. Thesis, Norwegian University of Science and Technology, Trondheim, Norway, 2007.
17. Matussek, J.A.; Knudson, R.M. Rethinking Recovery From Eating Disorders: Spiritual and Political Dimensions. *Qual. Health Res.* **2009**, *19*, 697–707. [[CrossRef](#)]
18. Farrell, C.; Lee, M.; Shafran, R. Assessment of body size estimation: A review. *Eur. Eat. Disord. Rev.* **2005**, *13*, 75–88. [[CrossRef](#)]
19. Davidson, L.; Roe, D. Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. *J. Ment. Health* **2007**, *16*, 459–470. [[CrossRef](#)]
20. Topor, A.; Borg, M.; Di Girolamo, S.; Davidson, L. Not Just an Individual Journey: Social Aspects of Recovery. *Int. J. Soc. Psychiatry* **2011**, *57*, 90–99. [[CrossRef](#)] [[PubMed](#)]
21. Borg, M.; Davidson, L. The nature of recovery as lived in everyday experience. *J. Ment. Health* **2008**, *17*, 129–140. [[CrossRef](#)]
22. Saxena, S.; Setoya, Y. World Health Organization’s Comprehensive Mental Health Action Plan 2013–2020. *Psychiatry Clin. Neurosci.* **2014**, *68*, 585–586. [[CrossRef](#)]
23. Leamy, M.; Bird, V.; Le Boutillier, C.; Williams, J.; Slade, M. Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *Br. J. Psychiatry* **2011**, *199*, 445–452. [[CrossRef](#)]
24. De Vos, J.A.; Lamarre, A.; Radstaak, M.; Bijkerk, C.A.; Bohlmeijer, E.T.; Westerhof, G.J. Identifying fundamental criteria for eating disorder recovery: A systematic review and qualitative meta-analysis. *J. Eat. Disord.* **2017**, *5*, 34. [[CrossRef](#)]
25. Bardone-Cone, A.M.; Hunt, R.A.; Watson, H.J. An Overview of Conceptualizations of Eating Disorder Recovery, Recent Findings, and Future Directions. *Curr. Psychiatry Rep.* **2018**, *20*, 79. [[CrossRef](#)]
26. Abram, D. The Spell of the Sensuous: Perception and Language in a More Than Human World. *Colon. Waterbirds* **1997**, *20*, 152. [[CrossRef](#)]
27. Trangsrud, L.K.J.; Borg, M.; Bratland-Sanda, S. Friluftsliv in Eating Disorder Recovery—A Systematic Review. *J. Outdoor Recreat. Educ. Leadersh.* In press.
28. Kurtze, N.; Eikemo, T.A.; Hem, K.-G. Analyse og Dokumentasjon av Friluftslivets Effekt på Folkehelse og Livskvalitet (SINTEF Rapport A11851) 2009. Available online: <https://norskfriluftsliv.no/wp-content/uploads/2015/01/SINTEF-Rapport-Friluftsliv-og-helse-desember-2009.pdf> (accessed on 29 January 2019).
29. Bischoff, A. *Stier, Mennesker og Naturopplevelser*; Novus: Oslo, Norway, 2015.
30. Gurholt, K.P. Norwegianfriluftslivand ideals of becoming an ‘educated man’. *J. Adv. Educ. Outdoor Learn.* **2008**, *8*, 55–70. [[CrossRef](#)]
31. Corazon, S.S.; Sidenius, U.; Vammen, K.S.; Klinker, S.E.; Stigsdotter, U.; Poulsen, D.V. The Tree Is My Anchor: A Pilot Study on the Treatment of BED through Nature-Based Therapy. *Int. J. Environ. Res. Public Health* **2018**, *15*, 2486. [[CrossRef](#)] [[PubMed](#)]
32. D’Abundo, M.; Chally, P. Struggling with Recovery: Participant Perspectives on Battling an Eating Disorder. *Qual. Health Res.* **2004**, *14*, 1094–1106. [[CrossRef](#)] [[PubMed](#)]
33. Matoff, M.L.; Matoff, S.A. Eating Disorder Recovery. *Women Ther.* **2001**, *23*, 43–54. [[CrossRef](#)]
34. Pettersen, G.; Rosenvinge, J.H. Improvement and Recovery from Eating Disorders: A Patient Perspective. *Eat. Disord.* **2002**, *10*, 61–71. [[CrossRef](#)]
35. Natvik, E.; Moltu, C. Just experiences? Ethical contributions of phenomenologically-oriented research. *Scand. Psychol.* **2016**, *3*. [[CrossRef](#)]

36. Moules, N.J. Hermeneutic Inquiry: Paying Heed to History and Hermes an Ancestral, Substantive, and Methodological Tale. *Int. J. Qual. Methods* **2002**, *1*, 1–21. [[CrossRef](#)]
37. Binder, P.-E.; Holgersen, H.; Moltu, C. Staying close and reflexive: An explorative and reflexive approach to qualitative research on psychotherapy. *Nord. Psychol.* **2012**, *64*, 103–117. [[CrossRef](#)]
38. Laverty, S.M. Hermeneutic Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations. *Int. J. Qual. Methods* **2003**, *2*, 21–35. [[CrossRef](#)]
39. Scott, N.A.; Gadamer, H.-G. Truth and Method. *Boundary 2* **1977**, *5*, 629. [[CrossRef](#)]
40. Finlay, L.; Gubrium, J.; Holstein, J.; Marvasti, A.; McKinney, K. Five Lenses for the Reflexive Interviewer. In *The SAGE Handbook of Interview Research: The Complexity of the Craft*; SAGE Publications: New York, NY, USA, 2012; pp. 317–332.
41. Klevan, T.; Karlsson, B.; Ruud, T. “At the extremities of life” – Service user experiences of helpful help in mental health crises. *Am. J. Psychiatr. Rehabil.* **2017**, *20*, 87–105. [[CrossRef](#)]
42. Glover, H. Hvordan Skille Mellom Likeverdige og Symbolsk Medvirkning i Forskning. In *Medforskning—Å Følge Sammen for Kunnskap om Psykisk Helse*; Borg, M., Kristiansen, K., Eds.; Universitetsforlaget: Oslo, Norway, 2009; pp. 41–52.
43. Rose, D. Collaborative research between users and professionals: Peaks and pitfalls. *Psychiatr. Bull.* **2003**, *27*, 404–406. [[CrossRef](#)]
44. Borg, M.; Askheim, O.P. Deltagerbasert forskning i psykisk helsearbeid—et bidrag til mer «brukbar» kunnskap? *Tidsskrift Psykisk Helsearbeid* **2010**, *7*, 100–109.
45. Malterud, K.; Siersma, V.D.; Guassora, A.D. Sample Size in Qualitative Interview Studies. *Qual. Health Res.* **2016**, *26*, 1753–1760. [[CrossRef](#)] [[PubMed](#)]
46. Klepp, I.G. På stier Mellom Natur og Kultur: Turgåeres Opplevelser av Kulturlandskapet og Deres Synspunkter på Vern. Ph.D. Thesis, Det historisk-filosofiske fakultet, Oslo, Norway, 1998.
47. Skår, M. Experiencing Nature in Everyday Life. Ph.D. Thesis, Norwegian University of Life Sciences, Trondheim, Norway, 2010.
48. Carpiano, R.M. Come take a walk with me: The “Go-Along” interview as a novel method for studying the implications of place for health and well-being. *Health Place* **2009**, *15*, 263–272. [[CrossRef](#)]
49. Kusenbach, M. Street Phenomenology. *Ethnography* **2003**, *4*, 455–485. [[CrossRef](#)]
50. Smith, J.A.; Larkin, M.; Flowers, P. *Interpretative Phenomenological Analysis: Theory, Method and Research*; SAGE: Los Angeles, CA, USA, 2009.
51. Van Manen, M. But Is It Phenomenology? *Qual. Health Res.* **2017**, *27*, 775–779. [[CrossRef](#)]
52. QSR International. *NVivo: Computer Software Program, Version 12*; QSR International: Burlington, MA, USA, 2018.
53. Tee, S.; Lathlean, J. The ethics of conducting a co-operative inquiry with vulnerable people. *J. Adv. Nurs.* **2004**, *47*, 536–543. [[CrossRef](#)]
54. Guillemin, M.; Heggen, K. Rapport and respect: Negotiating ethical relations between researcher and participant. *Med. Health Care Philos.* **2008**, *12*, 291–299. [[CrossRef](#)]
55. Price-Robertson, R.; Obradovic, A.; Morgan, B. Relational recovery: Beyond individualism in the recovery approach. *Adv. Ment. Health* **2016**, *15*, 108–120. [[CrossRef](#)]
56. Sonntag-Öström, E.; Nordin, M.; Järholm, L.S.; Lundell, Y.; Brännström, R.; Dolling, A. Can the boreal forest be used for rehabilitation and recovery from stress-related exhaustion? A pilot study. *Scand. J. For. Res.* **2011**, *26*, 245–256. [[CrossRef](#)]
57. Pálsdóttir, A.M.; Persson, D.; Persson, B.; Grahn, P. The Journey of Recovery and Empowerment Embraced by Nature—Clients’ Perspectives on Nature-Based Rehabilitation in Relation to the Role of the Natural Environment. *Int. J. Environ. Res. Public Health* **2014**, *11*, 7094–7115. [[CrossRef](#)] [[PubMed](#)]
58. Duesund, L. *Kroppen i Verden*. Linköping; Linköpings Universitet: Linköpings, Switzerland, 2003.
59. Ottosson, J. The Importance of Nature in Coping with a Crisis: A photographic essay. *Landsc. Res.* **2001**, *26*, 165–172. [[CrossRef](#)]
60. Trigwell, J.L.; Francis, A.J.P.; Bagot, K. Nature Connectedness and Eudaimonic Well-Being: Spirituality as a Potential Mediator. *Ecopsychology* **2014**, *6*, 241–251. [[CrossRef](#)]
61. Maller, C.; Townsend, M.; Pryor, A.; Brown, P.; Leger, L.S. Healthy nature healthy people: ‘Contact with nature’ as an upstream health promotion intervention for populations. *Health Promot. Int.* **2005**, *21*, 45–54. [[CrossRef](#)]

62. Duesund, L.; Skårderud, F. Use the Body and Forget the Body: Treating Anorexia Nervosa with Adapted Physical Activity. *Clin. Child. Psychol. Psych.* **2003**, *8*, 53–72. [[CrossRef](#)]
63. Probst, M.; Majewski, M.; Albertsen, M.; Catalan-Matamoros, D.; Danielsen, M.; De Herdt, A.; Zakova, H.D.; Fabricius, S.; Joern, C.; Kjölstad, G.; et al. Physiotherapy for patients with anorexia nervosa. *Adv. Eat. Disord.* **2013**, *1*, 224–238. [[CrossRef](#)]
64. Davidson, L.; Borg, M.; Marin, I.; Topor, A.; Mezzina, R.; Sells, D. Processes of Recovery in Serious Mental Illness: Findings from a Multinational Study. *Am. J. Psychiatr. Rehabil.* **2005**, *8*, 177–201. [[CrossRef](#)]
65. Alberts, H.J.E.M.; Thewissen, R.; Raes, L. Dealing with problematic eating behaviour. The effects of a mindfulness-based intervention on eating behaviour, food cravings, dichotomous thinking and body image concern. *Appetite* **2012**, *58*, 847–851. [[CrossRef](#)]
66. Wood-Barcalow, N.L.; Tylka, T.L.; Augustus-Horvath, C.L. “But I Like My Body”: Positive body image characteristics and a holistic model for young-adult women. *Body Image* **2010**, *7*, 106–116. [[CrossRef](#)]
67. Morgan, J.F. *The Invisible Man: A Self-Help Guide for Men With Eating Disorders, Compulsive Exercising and Bigorexia*; Routledge: London, UK, 2008.
68. Collier, R. Treatment challenges for men with eating disorders. *Can. Med. Assoc. J.* **2013**, *185*, E137–E138. [[CrossRef](#)]
69. Gelter, H. Friluftsliv: The Scandinavian philosophy of outdoor life. *Can. J. Environ. Educ.* **2000**, *5*, 77–92.
70. Gabrielsen, L.E.; Fernee, C.R. Psykisk helsearbeid i naturen—Friluftsliv inspirert av vår historie og identitet. *Tidsskrift Psykisk Helsearbeid* **2014**, *11*, 358–367.
71. Holland, W.H.; Powell, R.B.; Thomsen, J.M.; Monz, C.A. A Systematic Review of the Psychological, Social, and Educational Outcomes Associated With Participation in Wildland Recreational Activities. *J. Outdoor Recreat. Educ. Leadersh.* **2018**, *10*, 197–225. [[CrossRef](#)]
72. Miles, J. Wilderness as Healing Place. *J. Exp. Educ.* **1987**, *10*, 4–10. [[CrossRef](#)]
73. Cox, D.T.C.; Shanahan, D.F.; Hudson, H.L.; Plummer, K.E.; Siriwardena, G.M.; Fuller, R.A.; Anderson, K.; Hancock, S.; Gaston, K.J. Doses of Neighborhood Nature: The Benefits for Mental Health of Living with Nature. *Bioscience* **2017**, *67*. [[CrossRef](#)]
74. Dervo, B.K.; Skår, M.; Køhler, B.; Øian, H.; Vistad, O.I.; Andersen, O.; Odd, I.; Gundersen, V. *Friluftsliv i Norge Anno 2014—Status og Utfordringer*; Report No.: 9788242626912; Norwegian Institute for Nature Research: Trondheim, Norway, 2014.
75. Røer, A. *Spiseforstyrrelser: Symptomforståelse og Behandlingsstrategier*, 2nd ed.; Gyldendal akademisk: Oslo, Norway, 2009.
76. Karlsen, K.E.; Vrabel, K.; Bratland-Sanda, S.; Ulleberg, P.; Benum, K. Effect of Yoga in the Treatment of Eating Disorders: A Single-blinded Randomized Controlled Trial with 6-Months Follow-up. *Int. J. Yoga* **2018**, *11*, 166–169. [[CrossRef](#)]
77. Hay, P.; Chinn, D.; Forbes, D.; Madden, S.; Newton, R.; Sugenor, L.; Touyz, S.; Ward, W.; Newton, J.R. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. *Aust. N. Z. J. Psych.* **2014**, *48*, 977–1008. [[CrossRef](#)]



Article 3

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Shifting the eating disorder into the background—*Friluftsliv* as facilitating supportive strategies in everyday life recovery

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ABSTRACT

The aim of this qualitative study was to explore subjective experiences of how *friluftsliv* can support processes of recovery for persons living with eating disorders. Eight participants with experiences with bulimia nervosa and/or binge-eating disorders, and with interests in nature and *friluftsliv* were interviewed twice, using 'going together' and semi-structured interviews as data generation method. The results reveal how *friluftsliv*, by encompassing relational processes, facilitated opportunities to recognize one's personal needs—for instance, choosing to be social or to be by oneself. *Friluftsliv* was described as a learning and practice arena for reclaiming control over one's recovery and life. Furthermore, the participants demonstrated how (re)establishing oneself as an outdoor person supported the development of a new sense of self. The article concludes with an emphasis on how *friluftsliv* was experienced as comprising nurturing occupations and environments that enabled other aspects of one's life than the eating disorder to be prominent.

KEYWORDS

Friluftsliv; recovery; eating disorders; health promotion; nature

Introduction

Around the world, there is an expanding awareness about mental health challenges (World Health Organization, 2019). In parallel, an increasing body of international research supports the benefits of interacting with nature for human health and wellbeing, including a focus on health promotion as well as mental health recovery (Maller, Townsend, Pryor, Brown, & St Leger, 2006; Mygind et al., 2019; Pálsdóttir, Persson, Persson, & Grahn, 2014). The literature related to mental health and nature largely focus on therapy occurring in nature, e.g. adventure therapy or wilderness therapy (Annerstedt & Währborg, 2011; Richards, Carpenter, & Harper, 2011). Though recognizing the potential of therapeutic work in nature, the current study suggests attending to interactions with nature and *friluftsliv* (a Nordic term often related to outdoor pursuits or outdoor recreation) as meaningful occupations in *everyday life* for persons experiencing mental health challenges, such as eating disorders (EDs). This approach is supported by the World Health Organization's (WHO) position that one's health and wellbeing is primarily maintained in one's daily life (Saxena & Setoya, 2014).

The everyday life perspective offers a broader picture of persons experiencing mental health challenges as not only defined by their symptoms or diagnosis (De Vos et al., 2017). Related to this, research details how experiences described as important for persons' recovery processes—such as a sense of belonging and finding meaning and identity beyond the illness experienced—are developed and sustained in everyday life (Borg & Davidson, 2008; Deegan, 2005). Numerous studies have argued

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that recovery be seen not necessarily as an outcome or a linear process (Borg & Davidson, 2008; Leamy, Bird, Le Boutillier, Williams, & Slade, 2011). Following this, the current study emphasizes an understanding of recovery as inclusive of both personal and social journeys, and argues for a contextual focus toward ongoing processes in lived everyday life (Topor, Borg, Di Girolamo, & Davidson, 2011).

EDs may be understood as embodied efforts to manage a problematic relationship with one's own body, thoughts and feelings (Cook-Cottone, 2016; Sands, 2016). A contributing factor in the development of an eating disorder (ED) may be an experienced lack of control over one's life and a sense of powerlessness (Patching & Lawler, 2009). However, although EDs might provide an initial sense of being in charge, living with an ED has been equally reported as often evolving into feeling a lack of control, as the ED 'takes over' (D'abundo & Chally, 2004). Thus, everyday living with an ED is often described as an all-consuming relationship, as well as a recognition of the ED as an inextricable part of oneself (Cook-Cottone, 2016; Dark & Carter, 2019). As part of the recovery process, it has been deemed important to find ways of reclaiming control over one's life without engaging in behaviours related to the ED (D'abundo & Chally, 2004), and of making sense of what matters to oneself and finding meaning in other areas of life than the ED (Matusek & Knudson, 2009). The term 'disorder' could be argued to point toward biomedical and clinical understandings that might be at odds with the personal and social recovery approach taken in this study (Slade, 2010). Still, ED is an established term and we have retained it, albeit emphasizing that it encompasses shared as well as diverse stories.

Participating in ordinary, meaningful occupations has been advocated as having a positive impact on one's sense of self (Davidson, Shahar, Lawless, Sells, & Tondora, 2006) as well as facilitating connectedness and relationships (Borg & Davidson, 2008). 'Occupations', in this regard, could be understood as everyday life pursuits that are experienced as purposeful, meaningful and culturally relevant (Christiansen & Townsend, 2014). The current study was situated in a Norwegian context, where *friluftsliv* is seen as consisting of common practices and strategies for maintaining wellbeing and quality of life (Dervo et al., 2014; Kurtze, Eikemo, & Hem, 2009). *Friluftsliv* has typically been perceived as a value-based concept, situated in embodied practices, experiences and reflections with an emphasis on individuals' relationship with nature (Beery, 2013; Gurholt, 2008). At the same time, more skill-focused and risk-oriented tendencies within outdoor pursuits in other countries is suggested to influence the practices of *friluftsliv* in Norway (Horgen, 2019). Hence, we find it important to note that, although often presented as an egalitarian cultural and social phenomenon, *friluftsliv* is a dynamic and complex concept that holds multiple understandings and constructions (Gurholt, 2008). Previous research exploring *friluftsliv* as encompassing recreational occupations in citizens' everyday life refers to a myriad of praxes and understandings. However, easy access to nature is emphasized as an important and 'ordinary' strategy to maintain one's wellbeing (Bischoff, 2012; Gurholt, 1999; Skår, 2010). In this study, *friluftsliv* is thus understood as comprising nature-based, non-competitive and non-motorized activities (either sedentary or active) (Trangsrud, Borg, & Bratland-Sanda, 2020). Although a rather broad definition, this was found beneficial in the explorative design of the current study, emphasizing the participants' contextual experiences with nature and *friluftsliv* in everyday situations.

Friluftsliv is frequently associated with a healthy lifestyle, and plays a significant socio-cultural role in Norway (Gurholt, 2008; Riese & Vorkinn, 2002). In contrast, EDs—particularly behaviors associated with bulimia nervosa (BN) and binge-eating disorder (BED)—are often stigmatized and accompanied by shame and guilt (Pettersen, 2007). In this regard, as it allows other aspects of one's identity to take prominence over the ED, occupations such as *friluftsliv* have been advocated as promoting active engagement in improving one's situation (Pettersen & Rosenvinge, 2002). Previous research related to *friluftsliv* and EDs has reported an improved relationship with one's own body and enhanced self-esteem following participation in outdoor activities (Trangsrud et al., 2020). However, the studies were few in number, the subjective stories were scarce and the focus on the meaning of everyday interaction with nature was absent (Trangsrud et al., 2020). Recognizing that persons experiencing EDs recover with and without formal treatment (Matusek & Knudson, 2009), as well as the emphasized potential of *friluftsliv* for health and wellbeing, the aim of the current study was to explore subjective experiences of how *friluftsliv* can support processes of recovery for persons living with EDs.

Methods and procedures

The epistemological premises for the current study are based on an understanding of knowledge as co-created and situated through conversations and interactions (Kvale, 1995). This implies a recognition of how participants and researchers, as well as their socio-environmental context, mutually influence the development of a research project (Binder, Holgersen, & Moltu, 2012; Grant, 2014; Lavery, 2003). In accordance with its aim, this study was developed within a hermeneutic-phenomenological methodology. A hermeneutic-phenomenological approach allows for staying close to the empirical material and seeking in-depth understandings of participants' lived experiences (Binder et al., 2012), while recognizing that the experiences studied are interpreted and situated (Moules, 2002). Following this, the role of the researcher is to aspire toward a self-critical and reflexive approach related to one's involvement in the research process (Binder et al., 2012; Finlay, 2012). Several important strategies were performed to enhance the trustworthiness of the current project. This included maintaining a clear structure of the research process to ensure transparency (Binder et al., 2012) and engaging oneself in reflexive writing at all stages of the research (Finlay, 2012), in addition to the shared reflections through user involvement in the study (Veseth, Binder, Borg, & Davidson, 2017).

User involvement in the research process

The current project was developed in collaboration with the Norwegian NGO on EDs (Rådgivning om Spiseforstyrrelser—ROS). A competence group (Ness, Borg, Semb, & Karlsson, 2014) consisting of seven persons with experiences with EDs and/or mental health challenges and with interests in nature and *friluftsliv* was involved throughout the research process. The competence group was established with help from ROS as well as local NGOs related to mental health. The group met five times during the research process and contributed suggestions and reflections related to the development of the study based on their experiences and perspectives. In addition to general advice and ethical considerations throughout the process, the competence group meetings included discussions of recruitment procedures, data generation and the interview guide, methodological considerations and data analysis. Some of the participants had completed the University of South-Eastern Norway's 15 ECTS postgraduate course in user-involved collaborative research in mental health.

Recruitment procedures

Participants for the research project were recruited during the summer of 2017. A recruitment text was launched on ROS's website. In addition, flyers were posted at several universities in Eastern Norway, including at their student health services, and were emailed to specialist health services providing treatment for ED in Norway. In keeping with the aim of the study, the following inclusion criteria were applied:

- Interested in nature and *friluftsliv*
- Self-reported experiences with BN and/or BED
- Above 18 years of age

Exclusion criteria concerned those residing in institutions or facing serious somatic health challenges.

Participants

Eight persons (seven women and one man) participated in the study. The participants were between 19 and 41 years of age, and all were Scandinavian citizens residing in Norway. All participants were students and/or working part-/full-time, and all were enrolled in or had previously completed higher

education. The participants' experiences with EDs ranged from 2 to 25 years. While some described that life felt better now than previously, they highlighted that they were still living with the experiences and implications of the ED. Moreover, although the study's focus was on persons' experiences related to BN and BED, EDs are complex phenomena and several of the participants recalled experiences they associated with other types of ED as well. In the study, we relied on participants' self-reported experiences with EDs and no medical records were obtained. This has been argued as a beneficial strategy when focusing on experiences with ED recovery from a first-person perspective (D'abundo & Chally, 2004; Dark & Carter, 2019; Matussek & Knudson, 2009). Two of the participants said they currently received help from professionals, while six said they found support in informal networks, friends and family. The participants expressed great variety related to their experiences with *friluftsliv*. However, they all emphasized the value of their engagement with nature and *friluftsliv* to be the main motivation for participating in the project.

Data generation

Data were generated through two individual interviews with each participant (one was only interviewed once due to a change in the participant's health situation). Information regarding the purpose and procedure of the study was sent to the participants prior to the first meeting, and was also presented at the first meeting. Informed and written consent were obtained prior to the interviews. The interviews were audio-recorded using small microphones attached to the participants' and first author's lapel. Each of the participants invited the first author to a place of their choice in nature for the interview.

The first meeting took the form of an unstructured walking interview—hereafter termed 'going together'—which lasted between 60 and 90 minutes, and focused on the participants' experiences related to nature in that moment. The method was chosen based on the assumption that the participants' immediate experiences with nature could be used as a starting point for reflections on their subjective experiences with nature and *friluftsliv*. The 'going together' method shares similarities with the 'go-along' method (Carpiano, 2009) and 'walking interviews' (Evans & Jones, 2011). These approaches have been argued as well-suited for exploring the interaction between participant and environment as part of everyday life (Carpiano, 2009; Evans & Jones, 2011). Moreover, conducting interviews outdoors has been advocated as beneficial in previous Norwegian research on *friluftsliv* (Bischoff, 2012; Klepp, 1998; Skår, 2010). In the ethnographic-oriented 'go-alongs', the researcher seems to take on a more distanced and observing position (Kusenbach, 2003). The active involvement of the researcher in the data generation in the current study suggests more of a 'going together' than a 'going along'.

The second meeting was a qualitative open-ended 'sit-down' interview approximately two weeks after the first meeting. With two exceptions, these also took place in nature near the participants' homes. While the first meeting was conducted as a conversation with few pre-defined questions, a semi-structured interview guide was used to explore the participants' stories of their relationship with nature and *friluftsliv* in the second meeting. The 'sit-down' interviews were also audio-recorded, and the participant and the first author were the only ones present in both interviews.

Data analysis

Data analysis was performed through interpretative phenomenological analysis (IPA) (Smith, Larkin, & Flowers, 2009). The method of IPA builds on an ideographic, phenomenological and hermeneutic approach, emphasizing descriptions and interpretations of participants' lived experiences as well as the engagement of the researcher in the process (Smith et al., 2009). As the interviews were transcribed verbatim using the computer software programme NVivo (Version 12, 2018), the following six phases of IPA as outlined by Smith et al. (2009) were performed with assistance from NVivo: 1) listening to the recordings and reading the transcripts several times; 2) preliminary note-taking

(directly in the transcriptions in NVivo) according to the first author's understanding of how the participants described and related to nature and *friluftsliv*; 3) identifying emergent themes (or 'nodes' in NVivo) based on the preliminary notes, with an emphasis on retaining as much of the participants' language as possible; 4) looking for connections across all themes and re-arranging the emergent themes into hierarchical groups (or 'parent nodes' in NVivo); 5) moving to the next participant and repeating the process; and 6) looking for patterns across all themes and participants, organizing the nodes into themes and sub-themes. The dynamic and iterative processes of moving from the ideographic to the shared and back to the nuances (Smith et al., 2009) were found suitable, as these created room to include the complexity and contradictions found in recovery processes.

Ethical considerations

The project was assessed and approved by the Norwegian Centre for Research Data and the Regional Committees for Medical and Health Research Ethics (2017/519 C). However, ethical guidelines cannot account for the assessments researchers must continuously make throughout the process, particularly with regard to the relationship between researcher and participant (Guillemin & Heggen, 2009; Tee & Lathlean, 2004). Maintaining an awareness of potential vulnerable situations in interview settings (Guillemin & Heggen, 2009), an important aim in this study was to create an open and recognizing atmosphere where the participants felt that all reflections were welcomed.

The concept of 'ethical vulnerability' forwarded by Rhodes and Carlsen (2018) proved helpful in this regard. While the hermeneutic-phenomenological approach implies a recognition of how the researcher's background and pre-assumptions necessarily influences one's interpretations (Moules, 2002), 'ethical vulnerability' is proposed as a reflexive stance rendering the researcher's knowledge open to change according to the participants' descriptions (Rhodes & Carlsen, 2018). Inherent in this is the emphasis on research as co-learning processes, in which the acknowledgement of participants' reciprocal involvement in research also entails an attentiveness to the practical organization (Rhodes & Carlsen, 2018). Meeting the participants twice in the current study allowed for feedback and potential re-structuring—for instance, the time frame for the 'going together' interview was adjusted according to participants' wish for extended time. Data were made anonymous through the use of pseudonyms and by altering or removing identifying details in the transcriptions.

Results

Three major themes emerged from the analysis: 1) *friluftsliv* as relational processes in recovery; 2) *friluftsliv* as a learning and practice arena for recovery; and 3) *friluftsliv* as supporting a new sense of self.

Friluftsliv as relational processes in recovery

The participants described how living with an ED often involved a feeling of loneliness, as the ED seemed to take most of their energy. At the same time, several of the participants highlighted the freedom experienced when it was just themselves and nature, without the presence of other people. This section thus explores how the participants viewed *friluftsliv* as enabling the balance of one's personal and social needs.

The participants recalled how being on a trip with friends or family facilitated bonding and the establishing of trust through the practical tasks involved, such as navigating or setting up camp together. Moreover, the participants emphasized how *friluftsliv* enabled them to walk together in silence in addition to talking about the ED and what they experienced as difficult. As Maren phrased it: 'In these settings, I don't feel like I am ruining the atmosphere. I often get that feeling in other places'. In nature, the participants explained, they feel a comfortable distance between themselves and the person they are with, in that they are doing something together but are also paying attention to

nature. Hence, the focus is on the relationship between the persons spending time together in nature, but includes an attentiveness toward their relationship with nature. Several of the participants emphasized the peace and quiet related to the natural sounds they experienced in nature. This was explained as something different than the silence that they felt surrounded conversations indoors. Together with the notion that *friluftsliv* often involved spending an extended amount of time together, the all-encompassing relationship with nature was described by the participants as supportive—specifically concerning finding a good moment to talk about the ED. Eva explained:

And I have been on several hikes with my mum. That's been nice, too, actually. A nice way of spending time together, and there I often feel that . . . it can be difficult, or I talk very little about the eating disorder at home. It's more like, sometimes I mention something about it, and they know that it's there, but outdoors it becomes sort of natural to talk a bit more about it, and the fact that we are not sitting face to face and you could more easily lead the conversation so that you can get out of it when you want to leave that topic.

The participants described *friluftsliv* as helpful in bringing people closer—even physically, for instance by sharing a tent together. One aspect of this was their emphasis on how *friluftsliv* supported them in redefining their relationship with food. Several of the participants revealed that being on a hike with others provided (new) perspectives on 'what' and 'how much' people 'normally' ate. As Eva explained, '[you] see kind of, how they don't care about it. They are not counting calories and they, they look, they seem to be okay'. However, although they valued *friluftsliv* as involving social activities and relationships, the participants sometimes preferred to go (into nature) by themselves, given the effort required to socialize. Several described how they had become accustomed to prioritizing the needs of family and friends rather than their own. In *friluftsliv*, however, they found a context in which they could learn and practise how to balance their own needs. This included being more attentive and daring to prioritize oneself. Julie described it in this way:

Often, I have been at home, and I have had this feeling that I want to be by myself, just walk like I would like to. Maybe it's because then I don't have to behave according to anything, like we talked about, it's just me. And that to relax, one doesn't have to—you can walk at your own pace and think about what you would like to.

The participants related their 'me-time *friluftsliv*' to an active choice to take some time off, without other humans around, and without their cell phones and social media. Moreover, as Kristine emphasized, participating in 'normal' settings was sometimes experienced as difficult and involved a feeling of loneliness, as most of her energy and interests had been focused upon food and body. 'In nature, however, I never feel lonely or alone', she commented. The participants' stories thus appear to comprise multi-layered aspects of practising to be a person-in-relations, where their relationship with nature was found supportive—including in the development and maintenance of relationships with other humans.

Friluftsliv as a learning and practice arena for recovery

The participants reported how *friluftsliv* facilitated a variety of learning and practice opportunities in recovery. In this section, we explore how the participants found in *friluftsliv* important coping strategies for dealing with ED recovery in their everyday life contexts. *Friluftsliv* was described as facilitating a sense of empowerment in one's own life, where the less controllable aspects of nature were also proposed as supportive in learning to live in an uncontrollable world.

Typically, the participants recalled, they would alleviate some of the distress they experienced by binge-eating or binge-eating and purging. Related to this, the ED was frequently characterized as a way of surviving, a lifeline, although often described as providing only short-term relief ('like peeing your pants', as Kristine said). By contrast, the participants emphasized that spending time with nature was experienced as a healthier and more beneficial way of dealing with the distress, without the negative consequences they described as normally following e.g. binge-eating or purging. As Nora explained, 'having found coping strategies that actually work and that are, they are good for you, they are not unhealthy, that's a good thing, it's worse to . . . well . . . it's worse to vomit than going for a walk, after all . . .'

The participants highlighted how they related their *friluftsliv* to a need to actively do something to enhance their own situation. Vanessa expressed how she began to walk with some friends whom she trusted as a result of feeling that the ED was taking over her life. She recalled herself thinking, 'Okay, [I] have to, [I] have to do something in order not to lose control'. However, although *friluftsliv* was described as an arena for practising how to take control of one's life, there appeared to be several ambivalent aspects involved, especially related to being physically active as an integrated part of *friluftsliv*. Eva explained that, although her *friluftsliv* had developed into something she valued and enjoyed, it was partly the ED and a desire to be physically active that initiated her interest in *friluftsliv*. In contrast, Julie emphasized the 'movement of the body' as a vital part of the whole experience of being in nature. She explained that it was moving her body and that her body took her somewhere (e.g. to the lake, the coast or her cabin) that supported her in 'moving' difficult thoughts and feelings. Meanwhile, Maren highlighted an ambiguity in the situation—one expressed by several of the participants: 'but this is because, actually my whole existence involves a consciousness related to body, food and exercise—it is sort of there in everything I do ...'. Nevertheless, the participants emphasized *friluftsliv* as far better than the alternatives. Jakob summed it up this way: 'I don't know if it has become a substitute for something, but at least it works'.

In their stories, the participants demonstrated how *friluftsliv* could offer a sense of empowerment, as a way of actively dealing with their situation in all its complexity. Moreover, they described how nature added a further dimension by representing something 'uncontrollable'. This implied, they recalled, that *friluftsliv* could help them practise letting go of a desire for control. As Anna emphasized, nature teaches you to handle what is unforeseen or unpredictable:

I have always needed to be in control of the situation. So, being out in nature, in something that's very uncontrollable, it's a bit contradictory, so to speak. A bit ambivalent, but I believe it is a good way to work with stuff in the situation, if that makes sense? [. . .]. And I think that's cool, and it's sort of a process in, how to put it, accepting changes, and that there are some things you cannot control, but you still have to be in the situation.

Some of the participants highlighted that what they saw as uncontrollable in nature could at times provoke a fear of failure. At the same time, they had an understanding that when one is in nature, one cannot give up. Moreover, the participants had several concrete examples of how *friluftsliv* helped them learn to balance both accepting and dealing with the uncontrollable while still being in charge of their own life. Jakob described how he experienced planning and completing a weekend hiking trip as giving him a sense of control, whereas in his urban everyday life he felt he had very little control. Frequently, the participants referred to hiking a mountain as a specific task they used to practise setting realistic goals for themselves, since this often included a sense of mastery. Nora phrased it in this way: 'I think my expectations for what I am supposed to achieve in life are too high ... but *these* kinds of goals I can reach. Most of the time ...'

However, all of the participants talked about times when they found it difficult to get out of the door. Leaving the house and the refrigerator was described as sometimes involving significant distress, worry and chaotic thoughts. They recalled episodes of being too embarrassed with themselves or too tired after repetitive binge-eating episodes. However, it was often a trip that functioned as a 'turning point'. Related to this, the participants highlighted the importance of accessibility to nature in their everyday life. Daily walks in nature were emphasized as coping strategies, a place to seek shelter when things became too stressful, a way of preventing new rounds of bingeing and purging, and a source of pride that they did something actively to help themselves deal with something difficult. As Julie commented, while it did not necessarily solve the situation, it helped relieve some of the difficult thoughts.

Friluftsliv as supporting a new sense of self

In their stories, the participants highlighted how they (re)discovered themselves as outdoor persons through their everyday interaction with *friluftsliv*. This section thus explores the participants'

relationship with their childhood (memories of) nature, and how *friluftsliv* helped create a personal narrative linking together the past, present, and hopes and dreams for the future.

In our common exploration of the participants' experiences with *friluftsliv*, they typically presented stories about their childhood relationship with nature. Not all reported *friluftsliv* as playing a substantial role in their childhood, but they all recalled episodes in nature from early years. Most of them emphasized that their relationship with *friluftsliv* was influenced by their memories of childhood landscapes and experiences with nature, whether it was where they were born and grew up, or where they spent their holidays and vacations. As reported in the previous section, physical activity appeared to be an integrated, yet sometimes ambivalent, part of their *friluftsliv*. However, the participants described that, in their childhood landscape, they could often sit in peace. According to Vanessa:

It's like, I can sit down and watch, and just sit there. I don't have to, I don't have to walk and I don't have to, and, I rarely sit down when I am outdoors. But right there, when I am there with the view I grew up with, right there I can sit down [. . .]. It's sort of where everything comes from. The good and the bad, so, it's kind of this place that has made me become who I am today.

The participants' expression of their childhood relationship with nature appeared to be important, not only in terms of the calmness they found there, but also in relation to the stories they told about themselves. Although he had not been skiing for many years, Jakob emphasized how the winter and skiing he grew up with represented an essential part of who he was today. Like Jakob, the participants highlighted how past and present experiences with *friluftsliv* were important in that they emphasized other aspects of life than the ED. 'Having an eating disorder is often followed by a feeling of shame', Julie explained. 'On the bad days', she continued, 'I felt like I was my illness'. Related to this, being or becoming identified as an 'outdoor person' was highlighted as important. For example, Nora stated:

You know, I would like to be identified as an active person who likes to be out in nature. So when people describe me, that's who I am, just because, well, it's a part of me. I want it to be an important part of me, that it is this aspect that takes, that identifies me the most, I think. Because . . . I think it is a healthy and positive thing to identify oneself with, and it's an important part of what I grew up with and it has become an important part of me. And, if I were to ever have kids, I sort of hope to forward it to them.

Several of the participants also questioned if their *friluftsliv* was 'good enough' (i.e. wild enough, remote enough) for them to characterize themselves as an outdoor person. At the same time, the participants described how it was important for them to have experiences with nature on which to look back. All of them also had examples of how *friluftsliv* was an integrative part of their hopes and dreams for the future. Jakob described how he enjoyed planning his next trip, Nora revealed how most of her 'bucket list' concerned *friluftsliv*, and both Vanessa and Maren highlighted how they would like to take their children with them to do more *friluftsliv*. The plans and dreams related to 'more *friluftsliv*' appeared to fuel an understanding of the ED as a hindrance, and they rhetorically questioned themselves as to why they bothered to keep the ED alive. *Friluftsliv* seemed to support the participants in their recovery by providing alternative ways of dealing and living with what was experienced as difficult. As Eva commented: 'it [*friluftsliv*] can become kind of a new project, and a different project, and something else to live for . . . than the eating disorder'.

Discussion

The aim of this study was to explore subjective experiences of how *friluftsliv* can support processes of recovery for persons living with EDs. The results emphasize *friluftsliv* as offering nurturing environments and occupations in participants' everyday life that facilitated opportunities for shifting the ED into the background. *Friluftsliv* was described as including relational processes that were supportive in recognizing and balancing one's needs to be social vs. by oneself. The participants experienced *friluftsliv* as encompassing meaningful occupations and vital coping strategies in a learning and

practice arena of recovery. Moreover, (re)discovering oneself as an outdoor person was highlighted by participants, as it allowed for other aspects of oneself than the ED to assume prominence.

In their stories, the participants demonstrated how living with an ED can be complex and multifaceted. Following this, the study's competence group suggested that the data could be interpreted as describing an 'outward-oriented' manner, and more 'inward-oriented' ways to be in nature. The outward perspective was related to the participants' descriptions of times when they were able to maintain a focus on their experiences with nature, and the wellbeing associated with this nature-immersion. Inherent in the outward focus was also a recognition of the 'ordinary' aspect of practising *friluftsliv*, as it is reported that a substantial part of the Norwegian population venture into nature on a regular basis (Dervo et al., 2014). Participating in 'common' everyday life occupations, such as *friluftsliv*, was emphasised as supportive by the participants in the study. It allowed for being an outdoor person just like 'everybody else', as opposed to being defined as a person with an ED. The inward orientation referred to a focus toward oneself rather than nature, and captured episodes when the participants recalled being reminded of the ED and its implications. In such situations, the ED seemed to govern their experiences with *friluftsliv*. An example of this was when being physically active as part of their *friluftsliv* became more important than experiencing and sensing nature. The participants' dynamic movement between the 'outward' and the 'inward' illustrate how their recovery processes involved times when the ED was shifted into the background, and times when it felt more present. This interpretation may serve as a starting point for reflections and discussions related to how engagement in everyday occupations, such as *friluftsliv*, encompass multifaceted ways of understanding oneself and one's behaviour.

Previous research has highlighted the essential role of everyday occupations in mental health recovery (Kelly, Lamont, & Brunero, 2010). In keeping with this, Dark and Carter (2019) propose that ED recovery includes 'transformed meaning of occupations'—i.e. reconnecting with what one does in a new way. In the current study, the participants' stories of a transition from the ED as a motivation for *friluftsliv* to *friluftsliv* as a motivation for discarding the ED might illustrate this. One prominent framework arguing that there is an intrinsic link between health and occupations is provided in Wilcock's (2007) *Occupational Perspective on Health*. Exploring this Hitch, Pépin, and Stagnitti (2014a, 2014b) advocate for a recognition of the interdependence and dynamic balance between the key concepts of *doing*, *being*, *becoming* and *belonging*. In this perspective, the participants' emphasis on *friluftsliv* as providing opportunities for taking back control and actively engaging in one's situation may be understood as a connectedness between what one *does* and the sense of *being* an occupational human, inclusive of personal capacities and abilities (Hitch et al., 2014a; Hitch, Pépin, & Stagnitti, 2014b). An occupational perspective on health could be argued to create room for recognizing the everyday 'trivialities' of what is often found meaningful in persons' journeys of recovery (Borg & Karlsson, 2017). Following this, previous research within occupational science (Wensley & Slade, 2012) as well as within mental health recovery (Davidson et al., 2006) has emphasized the meaning of leisure time occupations for health and wellbeing.

Friluftsliv has received broad recognition as encompassing meaningful recreational activities in everyday life (Riese & Vorkinn, 2002) and has been argued a key symbol of Norwegian national identity and culture (Nedrelid, 1992). Although there is a need to problematize the taken-for-granted picture of *friluftsliv* as comprising a shared framework for identity (Gurholt & Haukeland, 2020), the suggested socio-cultural and ideological position of *friluftsliv* has been argued to constitute valued identity markers for citizens in Norway (Dervo et al., 2014; Gurholt, 2014). The participants' statements of how they would like to spend more time on *friluftsliv* could be viewed according to Hitch et al.'s (2014ab) suggestion that a person's self-understanding is connected to their hopes and aspirations for the future, in processes of *becoming*. This applies to what Elliot (2012) forwards as 'self-authoring'; the creation of harmony between one's personal identity and a valued socio-cultural discourse. In keeping with this, (re)storying one's narrative has been argued as supportive in regaining control over one's recovery, one's life and one's body (Grant, Leigh-Phippard, & Short,

2015), where images of ‘possible selves’ can provide for a sense of coherence, identity, meaning and wellbeing (Christiansen, 1999).

However, as illustrated by the participants in this study, living with an ED encompasses numerous contradictions that can also influence one’s *friluftsliv*. The inward versus outward perspectives may pose a risk of seeing something as either healthy (*friluftsliv*) or illness-driven (ED) behaviour. In contrast, an occupational perspective on health allows for a multiplicity and dynamic potential of meanings involved in one’s *doings* and *beings* (Elliot, 2012). As expressed by the participants, *friluftsliv* was not presented as a solution to everything difficult, but highlighted as supportive in recognizing and finding a balance around one’s needs, inclusive of experiences related to living and dealing with an ED. The relational aspect between developing new understandings of oneself and the opportunities to perform and negotiate this understanding in health-promoting environments appears important in this regard (Dark & Carter, 2019).

The participants forwarded stories of recovery as encompassing relationships with humans as well as with nature. The relational aspects of their recovery journeys could be understood as processes of *belonging*, including ways to find ‘a sense of connectedness to other people, places, cultures, communities, and times’ (Hitch et al., 2014a, p. 242). Prior research has emphasized the sense of belonging with nature in a wider ecological context as part of ED recovery (Trangsrud, Borg, Bratland-Sanda, & Klevan, 2020). In addition, and supported by the current study’s results, *friluftsliv* was found to facilitate the developing and sustaining of relationships with other humans, and to provide a sense of belonging to a shared, yet diverse, socio-cultural community and discourse.

The results in this study supports a contextual focus on recovery, in keeping with the understanding that people live, find meaning and develop in a dynamic relationship with their own environment (Ingold, 2000). The relational aspect of what it means to be a person-in-environment could be related to the recent critique of much research on mental health recovery, arguing that too much emphasis has been placed on individual and intra-personal factors (Price-Robertson, Obradovic, & Morgan, 2017). Here, a focus on the person as detached from the socio-cultural-ecological context may run the risk of transferring the responsibility for recovery to a person’s self-care strategies (Price-Robertson et al., 2017). Related to this, the participants point toward *friluftsliv* as an arena for practising and learning how to navigate between what could be termed ‘normative’ prescriptions for ED recovery, and the expected personal responsibility for one’s own health and wellbeing in modern Western society (e.g. in terms of healthy food, physical activity and body image) (Lamarre & Rice, 2017). Their stories of *friluftsliv* in relation to the dynamic movement of the ED between foreground and background allows for a recognition and a broader understanding of persons’ strategies regarding what it means to live and deal with an ED.

Strengths and limitations

This study contains several strengths and limitations that should be noted. First, the study was carried out in a Norwegian context. While several dimensions of persons’ embodied and sensuous experiences with nature may have resonance across international and geographical regions, variations in landscape as well as socio-cultural contexts may be argued to influence persons’ relationship with nature (Abram, 1997; Schweitzer, Glab, & Brymer, 2018). Although *friluftsliv* has seen increased international recognition (Gelter, 2000; Henderson & Vikander, 2007; Hofmann, 2018), it has equally been argued to be a socio-culturally dependent concept, thus limiting the transferability of the current study to other regions and societies (Bischoff, Marcussen, & Reiten, 2007; Mygind et al., 2019).

Second, the hermeneutic-phenomenological approach to the project enables self-critical reflexivity toward one’s own background, beliefs and knowledge, where the researchers constitute both strengths and limitations of the study (Finlay, 2012). We propose that the multifaceted background of the authors of this study contributed to critical questioning of how one’s own contextualization may influence the data analysis. In addition, the composition of the competence group, as consisting of persons with relevant but heterogeneous knowledge and varied demographic backgrounds,

provided multiple perspectives on both planning the data generation and analysing the material (Jennings, Slade, Bates, Munday, & Toney, 2018). The competence group served an important role in maintaining closeness to the lived experiences detailed by the participants in the study—particularly with regard to highlighting the complexities and nuances found in everyday situations.

Third, the current study does not aspire to determine potential health-related *effects of friluftsliv*, but seeks to explore the participants' *experiences* with nature and *friluftsliv* related to their ED recovery processes. In accordance with the recovery-oriented and participatory approaches underpinning the current study, it was an important premise that the interest and initiative around participating came from the participants themselves. As such, we only know the stories of those who were able to make contact. Moreover, while the inclusion criteria of being interested in nature and *friluftsliv* was essential, given the objective of the study, this may have resulted in participants with primarily positive attitudes in this direction. As argued by Mausek and Knudson (2009, p. 705), the master narrative of ED recovery includes 'seeking psychological, nutritional and medical treatment'. Consequently, ED recovery is most often framed and evaluated according to clinical perspectives and diagnostic criteria (Dawson, Rhodes, & Touyz, 2014). This can present a narrow and fragmented picture of the person-without-its-context (Patching & Lawler, 2009). In keeping with several recent studies (D'abundo & Chally, 2004; Mausek & Knudson, 2009; Patching & Lawler, 2009), the current study emphasizes recovery as multifaceted processes in a person's everyday life. In this regard, the personal accounts hold great clinical relevance as they validate the experience of the storyteller, offer hope and possible ways of support for others in similar situations (Redenbach & Lawler, 2003).

Implications

This study includes several implications for future research, practice and politics. First, we believe this article to be relevant to the rapidly growing interest in the potential health and welfare benefits of interaction with nature. However, it should be noted that not all persons prefer spending their time on *friluftsliv* (although this was not the focus of this study), and the person's subjective opinion on what is found meaningful should be the guiding principle (Dark & Carter, 2019). Second, as this article highlights, viewing mental health recovery as integrated, relational processes in one's everyday life presupposes the importance of access to nature in urban areas, as well as larger, coherent areas of nature. Hence, we argue the political relevance of the article, with regard to public health as well as environmental planning. Third and lastly, the experiences with *friluftsliv* that were described as supportive in the participants' recovery processes can be argued to resemble dimensions of *friluftsliv* highlighted in previous studies on for example wilderness therapy, outdoor learning and recreation. This applies to developing interpersonal relations, finding a balance of empowerment while living with the uncontrollable, as well as growing new ways of understanding oneself (Fernee, Mesel, Andersen, & Gabrielsen, 2019; Horgen, 2015; Riese & Vorkinn, 2002). The possible overlap between doing therapy in nature and the potential therapeutic benefits of interacting with nature in one's everyday life (Trangsrud et al., 2020) suggests the need for further research combining various perspectives.

Conclusion

This article explores and discusses subjective experiences of how *friluftsliv* can support processes of recovery for persons living with EDs. The results of this study illustrate how *friluftsliv* was reported to comprise nurturing environments and occupations that facilitated other aspects of one's life than the ED to assume prominence. The participants highlighted how *friluftsliv* facilitated a dynamic and relational space for reflecting on and recognizing one's needs by choosing between being social and being by oneself. *Friluftsliv* offered opportunities for reclaiming control over one's recovery and life in an everyday learning and practice context. Moreover, the

participants' stories demonstrated how a (re)establishment of oneself as an outdoor person was supportive in developing a new sense of self, inclusive of hopes and dreams for a future in which the ED does not dominate. We discuss how an occupational approach towards *friluftsliv* and health highlight the connectedness between what one does and one's self understanding. The emphasis on *friluftsliv* as facilitating an active involvement in one's situation advocates for a necessary recognition of the 'trivialities' of everyday life as meaningful personal strategies in recovery. Moreover, the 'inward'- and 'outward'-oriented ways of being in nature illustrate how the participants alternated between experiences when the ED was highly present and experiences when the ED was shifted into the background. Related to this, we argue for understandings of persons' journeys of recovery as dynamic and multi-layered. Finally, the study contributes to a dialogue regarding both the recreational and therapeutic value of access to, and interaction with, nature.

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References

Abram, D. (1997). *The spell of the sensuous: Perception and language in a more-than-human world*. New York: Vintage Books.

- Annerstedt, M., & Währborg, P. (2011). Nature-assisted therapy: Systematic review of controlled and observational studies. *Scandinavian Journal of Public Health, 39*(4), 371–388.
- Beery, T. H. (2013). Nordic in nature: Friluftsliv and environmental connectedness. *Environmental Education Research, 19*(1), 94–117.
- Binder, P. E., Holgersen, H., & Moltu, C. (2012). Staying close and reflexive: An explorative and reflexive approach to qualitative research on psychotherapy. *Nordic Psychology, 64*(2), 103–117.
- Bischoff, A. (2012). Mellom meg og det andre finds det stier: En avhandling om stier, mennesker og naturopplevelse [Between me and the other, there are paths: A PhD thesis on paths, people and the experience of nature] [Unpublished doctoral dissertation]. Norwegian University of Life Sciences, Ås, Norway.
- Bischoff, A., Marcussen, J., & Reiten, T. (2007). Friluftsliv og helse: En kunnskapsoversikt [Friluftsliv and health: A state of knowledge]. Retrieved from: <https://openarchive.usn.no/usn-xmlui/handle/11250/2437827>
- Borg, M., & Davidson, L. (2008). The nature of recovery as lived in everyday experience. *Journal of Mental Health, 17*(2), 129–140.
- Borg, M., & Karlsson, B. (2017). Person-centredness, recovery and user involvement in mental health services. In B. McCormack & T. V. McCance (Eds.), *Person-centred practice in nursing and health care: Theory and practice* (pp. 215–224). Oxford: Wiley Blackwell.
- Carpiano, R. M. (2009). Come take a walk with me: The ‘go-along’ interview as a novel method for studying the implications of place for health and well-being. *Health & Place, 15*(1), 263–272.
- Christiansen, C. H. (1999). Defining lives: Occupation as identity: An essay on competence, coherence, and the creation of meaning. *American Journal of Occupational Therapy, 53*(6), 547–558.
- Christiansen, C. H., & Townsend, E. A. (2014). An introduction to occupation. In C. H. Christiansen & E. A. Townsend (Eds.), *Introduction to occupation: The art and science of living* (2nd ed. ed., pp. 1–34). New York: Pearson.
- Cook-Cottone, C. (2016). Embodied self-regulation and mindful self-care in the prevention of eating disorders. *Eating Disorders, 24*(1), 98–105.
- D’abundo, M., & Chally, P. (2004). Struggling with recovery: Participant perspectives on battling an eating disorder. *Qualitative Health Research, 14*(8), 1094–1106.
- Dark, E., & Carter, S. (2019). Shifting identities: Exploring occupational identity for those in recovery from an eating disorder. *Qualitative Research Journal, 20*(1), 127–139.
- Davidson, L., Shahar, G., Lawless, M. S., Sells, D., & Tondora, J. (2006). Play, pleasure, and other positive life events: ‘Non-specific’ factors in recovery from mental illness? *Psychiatry, 69*(2), 151–163.
- Dawson, L., Rhodes, P., & Touyz, S. (2014). ‘Doing the impossible’: The process of recovery from chronic anorexia nervosa. *Qualitative Health Research, 24*(4), 494–505.
- De Vos, J. A., Lamarre, A., Radstaak, M., Bijkerk, C. A., Bohlmeijer, E. T., & Westerhof, G. J. (2017). Identifying fundamental criteria for eating disorder recovery: A systematic review and qualitative meta-analysis. *Journal of Eating Disorders, 5*(1), 1–14.
- Deegan, P. (2005). The importance of personal medicine: A qualitative study of resilience in people with psychiatric disabilities. *Scandinavian Journal of Public Health, 33*(5), 29–35.
- Dervo, B. K., Skår, M., Køhler, B., Øian, H., Vistad, O. I., Andersen, O., & Gundersen, V. (2014). Friluftsliv i Norge anno 2014—status og utfordringer [Friluftsliv in Norway anno 2014 – State of knowledge and potential challenges] (9788242626912). Retrieved from <https://www.nina.no/archive/nina/PppBasePdf/rapport/2014/1073.pdf>
- Elliot, M. L. (2012). Figured world of eating disorders: Occupations of illness. *Canadian Journal of Occupational Therapy, 79*(1), 15–22.
- Evans, J., & Jones, P. (2011). The walking interview: Methodology, mobility and place. *Applied Geography, 31*(2), 849–858.
- Ferneer, C. R., Mesel, T., Andersen, A. J. W., & Gabrielsen, L. E. (2019). Therapy the natural way: A realist exploration of the wilderness therapy treatment process in adolescent mental health care in Norway. *Qualitative Health Research, 29*(9), 1358–1377.
- Finlay, L. (2012). Five lenses for the reflexive interviewer. In J. F. Gubrium, J. A. Holstein, A. B. Marvasti, & K. D. McKinney (Eds.), *The SAGE handbook of interview research: The complexity of the craft* (pp. 317–331). Thousand Oaks, CA: SAGE. doi:10.4135/9781452218403.n23
- Gelter, H. (2000). Friluftsliv: The scandinavian philosophy of outdoor life. *Canadian Journal of Environmental Education, 5*(1), 77–92.
- Grant, A. (2014). Troubling ‘lived experience’: A post-structural critique of mental health nursing qualitative research assumptions. *Journal of Psychiatric and Mental Health Nursing, 21*(6), 544–549.
- Grant, A., Leigh-Phippard, H., & Short, N. P. (2015). Re-storying narrative identity: A dialogical study of mental health recovery and survival. *Journal of Psychiatric and Mental Health Nursing, 22*(4), 278–286.
- Guillemin, M., & Heggen, K. (2009). Rapport and respect: Negotiating ethical relations between researcher and participant. *A European Journal, 12*(3), 291–299.
- Gurholt, K. P. (1999). ‘Det har bare vært naturlig!': Friluftsliv, kjønn og kulturelle brytninger [‘It’s just natural!': Friluftsliv, gender en cultural refractions] [Unpublished doctoral dissertation]. Høgskolen i Finnmark, Alta, Norway.
- Gurholt, K. P. (2008). Norwegian friluftsliv and ideals of becoming an ‘educated man’. *Journal of Adventure Education & Outdoor Learning, 8*(1), 55–70.

- Gurholt, K. P. (2014). Joy of nature, 'friluftsliv' education and self: Combining narrative and cultural-ecological approaches to environmental sustainability. *Journal of Adventure Education and Outdoor Learning*, 14(3), 233–246.
- Gurholt, K. P., & Haukeland, P. I. (2020). Scandinavian friluftsliv (outdoor life) and the Nordic model: Passions and paradoxes. In M. B. Tin, F. Telseth, J. O. Tangen, & R. Giulianotti (Eds.), *The Nordic model and physical culture* (pp. 165–181). London: Routledge. doi:10.4324/9780429320187-11
- Henderson, B., & Vikander, N. (2007). *Nature first: Outdoor life the friluftsliv way*. Toronto: Natural Heritage Books.
- Hitch, D., Pépin, G., & Stagnitti, K. (2014a). In the footsteps of Wilcock, part one: The evolution of doing, being, becoming, and belonging. *Occupational Therapy In Health Care*, 28(3), 231–246.
- Hitch, D., Pépin, G., & Stagnitti, K. (2014b). In the footsteps of Wilcock, part two: The interdependent nature of doing, being, becoming, and belonging. *Occupational Therapy In Health Care*, 28(3), 247–263.
- Hofmann, A. R. (2018). *Norwegian friluftsliv: A way of living and learning in nature*. Kornwestheim, Germany: Waxmann.
- Horgen, A. (2015). Educational expeditions—et norsk perspektiv [Educational expeditions—A Norwegian perspective]. *Acta Didactica Norge*, 9(1), 1–18.
- Horgen, A. (2019). *Sikkerhet og risiko i norsk friluftsliv og naturbasert reiseliv—en kulturhistorisk studie [Safety and risk in Norwegian outdoor recreation (friluftsliv) and nature-based tourism, a cultural history study]* [Unpublished doctoral dissertation]. University of South-Eastern Norway, Bø i Telemark, Norway.
- Ingold, T. (2000). *The perception of the environment: Essays on livelihood, dwelling and skill*. Abingdon, UK: Routledge.
- Jennings, H., Slade, M., Bates, P., Munday, E., & Toney, R. (2018). Best practice framework for patient and public involvement (PPI) in collaborative data analysis of qualitative mental health research: Methodology development and refinement. *BMC Psychiatry*, 18(1), 213.
- Kelly, M., Lamont, S., & Brunero, S. (2010). An occupational perspective of the recovery journey in mental health. *The British Journal of Occupational Therapy*, 73(3), 129–135.
- Klepp, I. G. (1998). *På stier mellom natur og kultur: turgåeres opplevelser av kulturlandskapet og deres synspunkter på vern [On the path between nature and culture: Experiences with the cultural landscape and conservation from an outdoor recreational perspective]* [Unpublished doctoral dissertation]. University of Oslo, Oslo, Norway.
- Kurtze, N., Eikemo, T. A., & Hem, K.-G. (2009). Analyse og dokumentasjon av friluftslivets effekt på folkehelse og livskvalitet [Analysis and report on healthrelated effects and quality of life from participation in friluftsliv] (SINTEF rapport A11851). Retrieved from <https://norskfriluftsliv.no/wp-content/uploads/2015/01/SINTEF-Rapport-Friluftsliv-og-helse-desember-2009.pdf>
- Kusenbach, M. (2003). Street phenomenology: The go-along as ethnographic research tool. *Ethnography*, 4(3), 455–485.
- Kvale, S. (1995). The social construction of validity. *Qualitative Inquiry*, 1(1), 19–40.
- Lamarre, A., & Rice, C. (2017). Hashtag recovery: #Eating disorder recovery on Instagram. *Social Sciences*, 6(68), 1–15.
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3), 21–35.
- Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *British Journal of Psychiatry*, 199(6), 445–452.
- Maller, C., Townsend, M., Pryor, A., Brown, P., & St Leger, L. (2006). Healthy nature healthy people: 'Contact with nature' as an upstream health promotion intervention for populations. *Health Promotion International*, 21(1), 45–54.
- Matusek, J. A., & Knudson, R. M. (2009). Rethinking recovery from eating disorders: Spiritual and political dimensions. *Qualitative Health Research*, 19(5), 697–707.
- Moules, N. J. (2002). Hermeneutic inquiry: Paying heed to history and hermes: An ancestral, substantive, and methodological tale. *International Journal of Qualitative Methods*, 1(3), 1–21.
- Mygind, L., Kjeldsted, E., Hartmeyer, R. D., Mygind, E., Bølling, M., & Bentsen, P. (2019). Immersive nature-experiences as health promotion interventions for healthy, vulnerable, and sick populations? A systematic review and appraisal of controlled studies. *Frontiers in Psychology*, 10, 943.
- Nedrelid, T. (1992). Friluftslivet og vår nasjonale selvforståelse [Friluftsliv and our national selfunderstanding]. *Nytt Norsk Tidsskrift*, 9(3), 281–288.
- Ness, O., Borg, M., Semb, R., & Karlsson, B. (2014). "Walking alongside": Collaborative practices in mental health and substance use care. *International Journal of Mental Health Systems*, 8(1), 1–8.
- NVivo. (Version 12. (2018). [Computer Software]. Melbourne: QSR International.
- Organization, W. H. (2019). Person-centred recovery planning for mental health and well-being self-help tool. WHO quality rights. Retrieved from <https://www.who.int/publications-detail/who-qualityrights-self-help-tool>
- Pálsdóttir, A. M., Persson, D., Persson, B., & Grahn, P. (2014). The journey of recovery and empowerment embraced by nature—Clients' perspectives on nature-based rehabilitation in relation to the role of the natural environment. *International Journal of Environmental Research and Public Health*, 11(7), 7094–7115.
- Patching, J., & Lawler, J. (2009). Understanding women's experiences of developing an eating disorder and recovering: A life-history approach. *Nursing Inquiry*, 16(1), 10–21.
- Pettersen, G. (2007). *Eating disorders: Studies of understanding and recovery* [Unpublished doctoral dissertation]. Norwegian University of Science and Technology, Trondheim, Norway.
- Pettersen, G., & Rosenvinge, J. H. (2002). Improvement and recovery from eating disorders: A patient perspective. *Eating Disorders*, 10(1), 61–71.

- Price-Robertson, R., Obradovic, A., & Morgan, B. (2017). Relational recovery: Beyond individualism in the recovery approach. *Advances in Mental Health, 15*(2), 108–120.
- Redenbach, J., & Lawler, J. (2003). Recovery from disordered eating: What life histories reveal. *Contemporary Nurse, 15* (1–2), 148–156.
- Rhodes, C., & Carlsen, A. (2018). The teaching of the other: Ethical vulnerability and generous reciprocity in the research process. *Human Relations, 71*(10), 1295–1318.
- Richards, K., Carpenter, C., & Harper, N. (2011). Looking at the landscape of adventure therapy: Making links to theory and practice. *Journal of Adventure Education & Outdoor Learning, 11*(2), 83–90.
- Riese, H., & Vorkinn, M. (2002). The production of meaning in outdoor recreation: A study of Norwegian practice. *Norsk Geografisk Tidsskrift, 56*(3), 199–206.
- Sands, S. (2016). Eating disorder treatment as a process of mind–body integration: Special challenges for women. *Clinical Social Work Journal, 44*(1), 27–37.
- Saxena, S., & Setoya, Y. (2014). World health organization's comprehensive mental health action plan 2013–2020. *Psychiatry and Clinical Neurosciences, 68*(8), 585.
- Schweitzer, R. D., Glab, H., & Brymer, E. (2018). The human–nature experience: A phenomenological-psychoanalytic perspective. *Frontiers in Psychology, 9*, 969.
- Skår, M. (2010). *Experiencing nature in everyday life* [Unpublished doctoral dissertation]. Norwegian University of Life Sciences, Trondheim, Norway.
- Slade, M. (2010). Mental illness and well-being: The central importance of positive psychology and recovery approaches. *BMC Health Services Research, 10*(1), 2–14.
- Smith, J. A., Larkin, M., & Flowers, P. (2009). *Interpretative phenomenological analysis: Theory, method and research*. *lawl*. SAGE.
- Tee, S. R., & Lathlean, J. A. (2004). The ethics of conducting a co-operative inquiry with vulnerable people. *Journal of Advanced Nursing, 47*(5), 536–543.
- Topor, A., Borg, M., Di Girolamo, S., & Davidson, L. (2011). Not just an individual journey: Social aspects of recovery. *The International Journal of Social Psychiatry, 57*(1), 1–10.
- Trangsrud, L. K. J., Borg, M., & Bratland-Sanda, S. (2020). Friluftsliv in eating disorder recovery—A systematic review. *Journal of Outdoor Recreation, Education & Leadership, 12*(2), 181–204.
- Trangsrud, L. K. J., Borg, M., Bratland-Sanda, S., & Klevan, T. (2020). Embodying experiences with nature in everyday life recovery for persons with eating disorders. *International Journal of Environmental Research and Public Health, 17*(8), 2784.
- Veseth, M., Binder, P.-E., Borg, M., & Davidson, L. (2017). Collaborating to stay open and aware: Service user involvement in mental health research as an aid in reflexivity. *Nordic Psychology, 69*(4), 256–263.
- Wensley, R., & Slade, A. (2012). Walking as a meaningful leisure occupation: The implications for occupational therapy. *The British Journal of Occupational Therapy, 75*(2), 85–92.
- Wilcock, A. A. (2007). Occupation and health: Are they one and the same? *Journal of Occupational Science, 14*(1), 3–8.

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