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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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